Company Tracking Number: 2EFE11

TOI: L091 Individual Life - Flexible Premium Sub-TOI: L091.001 Single Life

Adjustable Life

Product Name: 2EFE11

Project Name/Number: 2EFE11/2EFE11

Filing at a Glance

Company: Aviva Life and Annuity Company

Product Name: 2EFE11 SERFF Tr Num: NDPL-127012007 State: Arkansas

TOI: L09I Individual Life - Flexible Premium SERFF Status: Closed-Approved- State Tr Num: 48154

Adjustable Life Closed

Sub-TOI: L09I.001 Single Life Co Tr Num: 2EFE11 State Status: Approved-Closed

Filing Type: Form Reviewer(s): Linda Bird

Authors: Allison Roush, Jason Disposition Date: 03/08/2011

Kaster

Date Submitted: 03/03/2011 Disposition Status: Approved-

Closed

Implementation Date Requested: On Approval Implementation Date:

State Filing Description:

General Information

Project Name: 2EFE11 Status of Filing in Domicile: Authorized
Project Number: 2EFE11 Date Approved in Domicile: 02/24/2011

Requested Filing Mode: Review & Approval Domicile Status Comments: Iowa is our state of

domicile.

Explanation for Combination/Other:

Submission Type: New Submission

Market Type: Individual Market Type:

Individual Market Type:

Overall Rate Impact: Filing Status Changed: 03/08/2011

State Status Changed: 03/08/2011

Deemer Date: Created By: Allison Roush

Submitted By: Allison Roush Corresponding Filing Tracking Number:

Filing Description:

Submitted for your review and approval are Form 2EFE11 (Flexible Premium Adjustable Life Insurance With Indexed Feature) and Form 2NLEFE11 (No Lapse Guarantee Rider (NLG)). Form 2EFE11 is similar to Form 2EDB08 previous approved by your department on 03/04/08, (SERFF #NDPL-125480487, State #38245). Form 2NLEFE11 is similar to Form 2NLEEA10 previously approved by your department on 10/23/09 (SERFF #NDPL-126311923, State #43860).

Form 2EFE11 (Flexible Premium Adjustable Life Insurance With Indexed Feature): This form is a non-participating, individual universal life policy providing life insurance coverage on the Insured. This policy provides for a basic interest

Company Tracking Number: 2EFE11

TOI: L091 Individual Life - Flexible Premium Sub-TOI: L091.001 Single Life

Adjustable Life

Product Name: 2EFE11

Project Name/Number: 2EFE11/2EFE11

strategy with interest at a guaranteed rate of 2.0%, fixed-term strategies with interest rates fixed for a certain period, and indexed strategies. Additional fixed-term and/or indexed strategies may be added by endorsement. Various policy features allow the death benefit to be adjusted, flexible premiums to be paid, policy loans to be taken, and current assumptions to be used in the calculation of policy values. All present values are based on the 2001 CSO, Age Nearest Birthday, Gender-Distinct, Smoker-Distinct Mortality Table.

At issue, the applicant will choose which death benefit compliance test (guideline premium or cash value accumulation) this policy will be issued under. This election cannot be changed after issue. The enclosed policy is assembled for the guideline premium test. Sample policy data pages are also enclosed for policies issued under the cash value accumulation test.

This policy may be issued on a non-qualified or a qualified basis. The enclosed policy is assembled as a non-qualified issue. A replacement page 20 U will be used for policies issued on a qualified basis. A copy of 20 U is attached to the back of the policy for your information.

The issue ages for this policy are 0-85 years. The minimum base policy face amount is \$100,000.

The previously approved endorsements Form 2SDMAI06, Form 2SDMCI06, and Form 2SDMII06 may be used with Form 2EFE11 to provide additional strategy options which provide for crediting of interest credits at 12 month intervals.

Form 2NLEFE11 (No Lapse Guarantee Rider (NLG)): This Rider provides an extended no-lapse guarantee through the use of a shadow fund starting in year one of the policy. With this Rider, the policy will not terminate under the Grace Period and Lapse provisions of the policy if the NLG values test requirement is satisfied. The NLG values test is satisfied if the NLG Value minus any outstanding policy loan(s) is greater than zero. This Rider does not contain non-guaranteed elements. This is an optional rider and may be elected only at issue. The issue ages for this Rider are 18-85 years.

Sample policy data pages are included within Form 2EFE11 to demonstrate how the Rider will be shown when issued. This Rider will be shown in the same format regardless of the underlying base policy this Rider is issued with. In addition, a list of the previously approved riders available to be issued with this Rider and which affect the shadow fund is attached to the Supporting Documentation tab.

Form 2NLEFE11 will be made available for use with Form 2EFE11 and may also be used with future universal life products.

These forms are new and do not replace any forms previously approved by your department. These forms are written in simplified and readable language and do not contain any unusual or possible controversial items from normal company

Company Tracking Number: 2EFE11

TOI: L091 Individual Life - Flexible Premium Sub-TOI: L091.001 Single Life

Adjustable Life

Product Name: 2EFE11

Project Name/Number: 2EFE11/2EFE11

or industry standards.

This product is an illustrated form and will be marketed with a sales illustration.

Application Form 14530 2/07, previously approved by your department effective 8/28/06, will be used to apply for this product and rider.

If you have any questions regarding this submission, please contact me at 515-342-6134 or e-mail me at allison.roush@avivausa.com.

Company and Contact

Filing Contact Information

Allison Roush, Product Compliance Specialist allison.roush@avivausa.com
Aviva Life and Annuity Company 515-342-6134 [Phone]

7700 Mills Civic Parkway

West Des Moines, IA 50266-3862

Filing Company Information

Aviva Life and Annuity Company CoCode: 61689 State of Domicile: Iowa

7700 Mills Civic Parkway Group Code: 1225 Company Type: West Des Moines, IA 50266-3842 Group Name: State ID Number:

(800) 800-9882 ext. [Phone] FEIN Number: 42-0175020

Filing Fees

Fee Required? Yes
Fee Amount: \$100.00

Retaliatory? No

Fee Explanation: 1 policy + 1 rider = \$100

Per Company: No

COMPANY AMOUNT DATE PROCESSED TRANSACTION #

Aviva Life and Annuity Company \$0.00 03/03/2011

 SERFF Tracking Number:
 NDPL-127012007
 State:
 Arkansas

 Filing Company:
 Aviva Life and Annuity Company
 State Tracking Number:
 48154

Company Tracking Number: 2EFE11

TOI: L091 Individual Life - Flexible Premium Sub-TOI: L091.001 Single Life

Adjustable Life

Product Name: 2EFE11

Project Name/Number: 2EFE11/2EFE11

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-	Linda Bird	03/08/2011	03/08/2011
Closed			

 SERFF Tracking Number:
 NDPL-127012007
 State:
 Arkansas

 Filing Company:
 Aviva Life and Annuity Company
 State Tracking Number:
 48154

Company Tracking Number: 2EFE11

TOI: L091 Individual Life - Flexible Premium Sub-TOI: L091.001 Single Life

Adjustable Life

Product Name: 2EFE11

Project Name/Number: 2EFE11/2EFE11

Disposition

Disposition Date: 03/08/2011

Implementation Date:
Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

Company Tracking Number: 2EFE11

TOI: L091 Individual Life - Flexible Premium Sub-TOI: L091.001 Single Life

Adjustable Life

Product Name: 2EFE11

Project Name/Number: 2EFE11/2EFE11

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification		Yes
Supporting Document	Application		Yes
Supporting Document	Health - Actuarial Justification		No
Supporting Document	Outline of Coverage		No
Supporting Document	Certifications		Yes
Supporting Document	List of Forms Affected by NLG Monthly		Yes
	Rider Charges Provision		
Supporting Document	Guaranteed COIs		Yes
Supporting Document	Actuarial Memorandums		No
Supporting Document	Hedging Strategy		No
Supporting Document	Illustration Actuary Certification		No
Supporting Document	Explanation of Variability		Yes
Form	Flexible Premium Adjustable Life		Yes
	Insurance With Indexed Feature		
Form	No Lapse Guarantee Rider (NLG)		Yes

 SERFF Tracking Number:
 NDPL-127012007
 State:
 Arkansas

 Filing Company:
 Aviva Life and Annuity Company
 State Tracking Number:
 48154

Company Tracking Number: 2EFE11

TOI: L091 Individual Life - Flexible Premium Sub-TOI: L091.001 Single Life

Adjustable Life

nt or Rider

Product Name: 2EFE11

Project Name/Number: 2EFE11/2EFE11

Form Schedule

Lead Form Number: Form 2EFE11

Schedule	Form	Form Type	Form Name	Action	Action Specific	Readability	Attachment
Item	Number				Data		
Status							
	Form	Policy/Cont	: Flexible Premium	Initial		50.100	Form
	2EFE11	ract/Fratern	Adjustable Life				2EFE11-
		al	Insurance With				AR.pdf
		Certificate	Indexed Feature				
	Form	Policy/Cont	: No Lapse Guarantee	Initial		50.200	RGANLEF.pd
	2NLEFE11	ract/Fratern	Rider (NLG)				f
		al					
		Certificate:					
		Amendmen	ı				
		t, Insert					
		Page,					
		Endorseme	•				



Aviva Life and Annuity Company

Home Office: [7700 Mills Civic Parkway, West Des Moines, Iowa 50266-3842] Administrative Office: [7700 Mills Civic Parkway, West Des Moines, Iowa 50266-3842] [1-800-800-9882]

POLICY NUMBER [AVIVA]

FACE AMOUNT [\$100,000]

INSURED [John Doe]
POLICY DATE [April 1, 2011]

FLEXIBLE PREMIUM ADJUSTABLE LIFE INSURANCE WITH INDEXED FEATURE

Death proceeds payable upon the death of the Insured. Flexible premiums payable until the Insured's age 121.

Adjustable death benefit.

Non-participating.

Aviva Life and Annuity Company agrees to pay the death proceeds of this policy to the beneficiary upon receipt of due proof of the Insured's death. Payment is subject to the provisions, terms and conditions of this policy.

We issue this policy in consideration of the application attached and of the payment of the Initial Premium in advance. This policy will take effect on the Policy Date stated. Anniversary dates and policy years will be determined from this Policy Date.

RIGHT TO CANCEL

PLEASE READ YOUR POLICY CAREFULLY. This policy is a legal contract between you and the Company. You have 20 days (30 days in the case of a replacement) after you receive it to cancel this policy by delivering or mailing a written notice or sending a telegram to the agent you purchased it from or the Administrative Office. You must return this policy before midnight of the 20th day (30th day in the case of a replacement) after the date you receive this policy. Notice given by mail and return of this policy by mail are effective on being properly addressed, postmarked, and postage prepaid. We will return any premiums paid after we receive notice of cancellation and the returned policy. Cancellation makes this policy void from its start.

Signed by us on the Policy Date in [West Des Moines, Iowa.].

Christopher J. Littlefield President and CEO

Michael H. Miller Secretary

Read Your Policy Carefully

The Table of Contents provides only a brief outline of some of the important features of your policy. The policy sets forth, in detail, the rights and obligations of both you and the Company.

TABLE OF CONTENTS

POLICY DATA PAGE	Page 3
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OWNERSHIP AND BENEFICIARY PROVISIONS Owner; Beneficiary; Change of Owner or Beneficiary; Death of Beneficiary	Page 5
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DEATH BENEFIT PROVISIONS	Dogo 0
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POLICY CHANGE PROVISIONS	Page 9
Change In Face Amount; Change In Death Benefit Option; Change in Rate Class; Addition of Riders	x age y
Account Value; Monthly Deduction; Policy Expense Charges; Monthly Cost of Insurance; Cost of Insurance Rates; Basic Interest Strategy Interest Rates; Fixed-Term Strategies Interest Rates; 1 Year Point to Point and 2 Year Point to Point Indexed Strategies; Index; Index Number; Index Growth; Interest Credits; Participation Rate; Cap Rate; Indexed Segment Term; Cash Value; Surrender Charge; Net Cash Value; Surrender; Withdrawals; Withdrawal Charge; Termination of Insurance; Basis of Computations	Page 10
Policy Loan; Annually Declared Loan Interest Option; Variable Loan Interest Option; Repayment	Page 17
PAYMENT OPTIONS PROVISIONS. Election of Options; General Conditions; Description of Payment Options; Requirements for Payments; Supplementary Contract; Payment Option Table	Page 19
GLOSSARY OF TERMS	Page 21
Additional benefits or restrictions, if any, follow the last page of this policy.	x age 21
In this policy, "we", "our", "us" and "Company" mean Aviva Life and Annuity Company. 'your" mean the Owner of this policy.	"You" and

Form 2EFE11

POLICY DATA PAGE

POLICY NUMBER: [AVIVA]
INSURED: [JOHN DOE]
POLICY DATE: [April 1, 2011]

DEATH BENEFIT COMPLIANCE TEST:

[Guideline Premium Test]

FACE AMOUNT: [\$100,000] INITIAL PREMIUM: [\$1,763.22]

PLANNED PREMIUM: [\$1,763.22 Annually]

Computed from the Policy Date

DEATH BENEFIT OPTION: [Option 1]

FACE AMOUNT EXPIRY AT ISSUE DATE

[\$100,000] Dea

Death of Insured

BENEFIT

INSURED: [JOHN DOE]
RATE CLASS: [Non-Tobacco]
ISSUE AGE: [35] SEX: [M]

PLAN: Flexible Premium Adjustable Life Insurance

With Indexed Feature

PLEASE SEE NEXT PAGE FOR ADDITIONAL BENEFITS

For the purpose of calculating the minimum premium test referenced within the Lapse provision of this policy, the Minimum Monthly Premium of [\$42.21] is for a Minimum Premium Period of [5] years from the Policy Date. This Minimum Monthly Premium keeps the policy in force during the first [5] policy years. If only the Minimum Monthly Premium is paid, the policy is likely to enter the grace period after the Minimum Premium Period.

Note:

It is possible that coverage will end before the death of the Insured if either no premiums are paid after the Initial Premium or if subsequent premiums are insufficient to prevent this policy from lapsing prior to the death of the Insured. This is a flexible premium product where the Planned Premium is only what you have elected to pay. Payment of only the Planned Premium may not be sufficient to prevent this policy from lapsing prior to the death of the Insured.

Following the Insured's attained age 121, this policy may or may not qualify as life insurance under the Internal Revenue Code. You should consult your tax advisor.

This policy, including any riders, was issued based on the answers to the questions on the application. A copy of the application is included in this policy. If the answers are incorrect, we may deny benefits or rescind this policy subject to the Incontestability provision. The best time to clear up any question is now, before a claim arises. If, for any reason, any of the answers are incorrect, contact us at our Administrative Office.

[The following will print on qualified cases only:

Non-transferable - This policy is issued on a qualified basis, therefore, notwithstanding any provision to the contrary, this policy may not be sold, assigned, discounted or pledged as collateral for a loan or as security for the performance of an obligation or for any other purpose to any person other than this Company, except that this non-transferable provision shall not preclude the transfer of this policy to the Insured where such transfer represents an interest to which he is entitled pursuant to the provision of any plan or trust agreement under which this policy is purchased.

The Automatic Premium Loan provision, if contained in this policy, shall not be available.]

Form 2EFE11 Page 3A

POLICY NUMBER: [AVIVA] INSURED: [JOHN DOE]

FACE AMOUNT EXPIRY
BENEFIT AT ISSUE DATE

[Accelerated Benefit Rider N/A Death of Insured

No Lapse Guarantee Rider N/A No Later Expiry Date shown for this Rider is the latest date Than:[04/01/2097]]

the NLG Rider will be in force on this policy. It may expire earlier than this date. See the Rider for details.

Form 2EFE11 Page 3A

POLICY NUMBER: [AVIVA]
INSURED: [JOHN DOE]

INITIAL NOTICE

As of the Policy Date, the following rates are applicable to interest crediting strategies to which you may direct your premium and are guaranteed while this policy remains in force.

FIXED-TERM STRATEGIES

1 Year Fixed-Term Strategy:

Fixed-Term Segment Length: [12 Months]

5 Year Fixed-Term Strategy:

Fixed-Term Segment Length: [60 Months]

INDEXED STRATEGIES

1 Year Point to Point Indexed Strategy:

Index: Standard & Poor's 500 Index excluding dividend income (+)

Indexed Segment Term: [60 Months]

Minimum Participation Rate (*): [100%]

Minimum Cap Rate: [4.00%]
Interest Crediting Period: 12 Months

Interest Crediting Dates: dates coinciding with the end of the intervals of 12, 24, 36, 48 and 60 months

after the Indexed Segment is created.

[1 Year Average Multiple Index Strategy:

Index: Standard & Poor's 500 Index excluding dividend income (+)

NASDAQ-100 Index, excluding dividend income (+)

Dow Jones Industrial Average, excluding dividend income (+)

Indexed Segment Term: [60 Months]

Minimum Participation Rate: [100%]
Minimum Cap Rate: [6.00%]

Maximum Strategy Expense Charge Rate: [04.00%] Interest Crediting Period: 12 Months

Interest Crediting Dates: dates coinciding with the end of the intervals of 12, 24, 36, 48 and 60 months after the Indexed Segment is created.]

(+) See Page 3B.1 for Index disclaimer.

Form 2EFE11 Page 3B-AR

[1 Year Monthly Cap Indexed Strategy:
Index: Standard & Poor's 500 Index excluding dividend income (+)
Indexed Segment Term: [60 Months]

Minimum Cap Rate: [1.00%]
Interest Crediting Period: 12 Months
Interest Crediting Dates: dates coinciding with the end of the intervals of 12, 24, 36, 48 and 66

Interest Crediting Dates: dates coinciding with the end of the intervals of 12, 24, 36, 48 and 60 months after the Indexed Segment is created.]

[1 Year Monthly Average Indexed Strategy:

POLICY NUMBER: [AVIVA]

Index: Standard & Poor's 500 Index excluding dividend income (+)
Indexed Segment Term: [60 Months]

Minimum Participation Rate: [100%]

Minimum Cap Rate: [4.00%]

Maximum Strategy Expense Charge Rate: [04.00%]
Interest Crediting Period: 12 Months

Interest Crediting Dates: dates coinciding with the end of the intervals of 12, 24, 36, 48 and 60 months after the Indexed Segment is created.]

2 Year Point to Point Indexed Strategy:

Index: Standard & Poor's 500 Index excluding dividend income (+) Indexed Segment Term: [72 Months]

Minimum Participation Rate: [100%]

Minimum Cap Rate: [8.00%]

Interest Crediting Period: 24 Months

Interest Crediting Dates: dates coinciding with the end of the intervals of 24, 48 and 72 months after the Indexed Segment is created.

(+) See Page 3B.1 for Index disclaimer.

Form 2EFE11 Page 3B-AR

POLICY NUMBER: [AVIVA]
INSURED: [JOHN DOE]

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Form 2EFE11 Page 3B.1

POLICY NUMBER: [AVIVA]
INSURED: [JOHN DOE]

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Form 2EFE11 Page 3B.1

POLICY NUMBER: [AVIVA] INSURED: [JOHN DOE]

LOAN INTEREST OPTIONS: MINIMUM FACE AMOUNT: [\$100,000]

VARIABLE:

Maximum Variable Loan Rate*: [8.68%]

ANNUALLY DECLARED: 2.0 % annual **GUARANTEED INTEREST RATE:**

Maximum Annually Declared Loan Rate*: [3.85 %]

effective yield [1.00165158]

Minimum Annually Declared Loan Rate*: [1.96 %] INTEREST FACTOR: * Rate shown is in advance.

MAXIMUM MONTHLY POLICY CHARGE: [\$10.00] MINIMUM NET PREMIUM: [95%] of any premium paid MAXIMUM MONTHLY EXPENSE CHARGE RATE:

[\$0.17457] per \$1,000

PENALTY FREE WITHDRAWAL: [20%]

TABLE OF SURRENDER CHARGES

	POLICY YEAR	SURRENDER CHARGE				
[1	1,166.00				
	2	1,088.27				
	3	1,010.53				
	4	932.80				
	5	855.07				
	6	777.33				
	7	699.60				
	8	621.87				
	9	544.13				
	10	466.40				
	11	388.67				
	12	310.93				
	13	233.20				
	14	155.47				
	15	77.73				
	16 and thereafter	-0-]				

The surrender charges shown above are for the Face Amount at Issue.

In the event of an increase in the Face Amount, the surrender charges, the Minimum Monthly Premium and monthly expense charges will increase. In the event of such increase, a new 15 year surrender charge period will apply to the increase in Face Amount. You will be provided a new Table of Surrender Charges and the new Minimum Monthly Premium.

In the event of a decrease in the Face Amount, the surrender charges, the Minimum Monthly Premium and monthly expense charges will not decrease.

Form 2EFE11 Page 3C-A

POLICY NUMBER: [AVIVA] INSURED: [JOHN DOE]

TABLE OF MONTHLY GUARANTEED MAXIMUM COST OF INSURANCE RATES RATES PER THOUSAND

POLICY YEAR	RATE	POLICY YEAR	RATE
[1	0.09089	36	2.03500
2	0.09589	37	2.23720
3	0.10007	38	2.50360
4	0.10758	39	2.78562
5	0.11425	40	3.08342
6	0.12176	41	3.41024
7	0.13178	42	3.76820
8	0.14430	43	4.18587
9	0.15850	44	4.67661
10	0.17520	45	5.24717
11	0.19441	46	5.87410
12	0.21279	47	6.59415
13	0.23285	48	7.35120
14	0.24456	49	8.17591
15	0.25793	50	9.09944
16	0.27717	51	10.14422
17	0.29975	52	11.31891
18	0.33071	53	12.62238
19	0.36419	54	14.04388
20	0.40691	55	15.57220
21	0.45970	56	17.19964
22	0.51338	57	18.76184
23	0.57128	58	20.42406
24	0.62083	59	22.21645
25	0.67798	60	24.15514
26	0.74695	61	26.24421
27	0.83114	62	28.20561
28	0.93398	63	30.35199
29	1.04963	64	32.70866
30	1.17137	65	35.30337
31	1.30009	66	38.17512
32	1.43072	67	40.53000
33	1.56327	68	43.11769
34	1.70627	69	45.96629
35	1.85467	70	49.11196]

The rates shown above are based upon this policy's Issue Age, Rate Class, Sex, and Face Amount at Issue as stated on the Policy Data Page. Any extra rating is reflected in the Table of Monthly Guaranteed Maximum Cost of Insurance Rates.

Guaranteed Mortality Table: Commissioner's 2001 Standard Ordinary Male or Female, Nonsmoker or Smoker Mortality Table, age nearest birthday, ultimate.

Form 2EFE11 Page 3D

POLICY NUMBER: [AVIVA] INSURED: [JOHN DOE]

TABLE OF MONTHLY GUARANTEED MAXIMUM COST OF INSURANCE RATES RATES PER THOUSAND

	POLICY			POLICY	
	YEAR	R	ATE	YEAR	RATE
[F 77.1	EQ E 400E		
		[71	52.54885		
		72	56.37067		
		73	60.64050		
		74	65.43820		
		75	70.86240		
		76	77.04002		
		77	83.33333		
		78	83.33333		
		79	83.33333		
		80	83.33333		
		81	83.33333		
		82	83.33333		
		83	83.33333		
		84	83.33333		
		85	83.33333		
		86	83.33333		
	87 and the	reafter	0.00000]		

The rates shown above are based upon this policy's Issue Age, Rate Class, Sex, and Face Amount at Issue as stated on the Policy Data Page. Any extra rating is reflected in the Table of Monthly Guaranteed Maximum Cost of Insurance Rates.

Guaranteed Mortality Table: Commissioner's 2001 Standard Ordinary Male or Female, Nonsmoker or Smoker Mortality Table, age nearest birthday, ultimate.

Form 2EFE11 Page 3D

POLICY NUMBER: [AVIVA] INSURED: [JOHN DOE]

TABLE OF MINIMUM DEATH BENEFITS

ATTAINED AGE OF INSURED	PERCENTAGE OF ACCOUNT VALUE		PERCENTAGE OF ACCOUNT VALUE
40 or less	250%	61	128%
41	243	62	126
42	236	63	124
43	229	64	122
44	222	65	120
45	215	66	119
46	209	67	118
47	203	68	117
48	197	69	116
49	191	70	115
50	185	71	113
51	178	72	111
52	171	73	109
53	164	74	107
54	157	75-90	105
55	150	91	104
56	146	92	103
57	142	93 and abov	e 102]
58	138		•
59	134		
60	130		

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POLICY NUMBER: [AVIVA] INSURED: [JOHN DOE]

NO LAPSE GUARANTEE RIDER

NLG Exchange Period: [12] months from the Policy Date

Monthly Rider Charge per \$1,000: [\$0.02583] NLG Face Amount Multiplier:

[[1.07000] NLG Face Amount [(\$100,000 - \$499,999)]

NLG Interest Rate for Death Benefit Option 1: [8.65%]

NLG Interest Rate for Death Benefit Option 2: [7.60%]

[1.00000] NLG Face Amount [(\$500,000 - \$999,999)]

[1.00000] NLG Face Amount [(\$1,000,000 and up)]]

NLG Monthly Expense Charge Rate [\$0.15667] per \$1,000 [(years 1-20)] NLG Monthly Expense Charge Rate [\$0.00] per \$1,000 [(years 21 and up)]

NLG Tier Reduction Factors:

Tier 1 Factors: 0% in all years
Tier 2, Tier 3 and Tier 4 Factors: See Table Below

	NLG Monthly	NLG Tier 1	NLG Tier 2	NLG Tier 3	NLG Tie	er Reduction	Factors:
Policy	Cost of	Maximum	Maximum	Maximum	Tier 2	Tier 3	Tier 4
<u>Year</u>	Insurance Rate	<u>Premium</u>	<u>Premium</u>	<u>Premium</u>	<u>Factors</u>	Factors	<u>Factors</u>
[1	\$0.03238	233.64	\$555.58	\$1,356.17	25.025%	52.952%	57.863
2	0.04020	243.28	555.58	1,356.17	25.025	52.952	57.863
3	0.04802	252.91	555.58	1,356.17	25.025	52.952	57.863
4	0.05639	263.24	555.58	1,356.17	25.025	52.952	57.863
5	0.06421	272.87	555.58	1,356.17	25.025	52.952	57.863
6	0.07203	282.50	555.58	1,356.17	24.775	52.423	57.284
7	0.07984	292.13	555.58	1,356.17	24.525	51.893	56.706
8	0.08766	301.76	555.58	1,356.17	24.274	51.364	56.127
9	0.09659	312.77	555.58	1,356.17	24.024	50.834	55.549
10	0.10720	325.83	555.58	1,356.17	23.774	50.305	54.970
11	0.12172	343.71	555.58	1,356.17	23.524	49.775	54.391
12	0.13791	363.65	555.58	1,356.17	23.273	49.246	53.813
13	0.15689	387.02	555.58	1,356.17	23.023	48.716	53.234
14	0.17532	409.69	555.58	1,356.17	22.773	48.187	52.655
15	0.19374	432.36	555.58	1,356.17	22.523	47.657	52.077
16	0.20993	452.28	555.58	1,356.17	22.272	47.128	51.498
17	0.22836	474.94	555.58	1,356.17	22.022	46.598	50.920
18	0.24790	498.97	555.58	1,356.17	21.772	46.069	50.341
19	0.27358	530.54	555.58	1,356.17	21.522	45.539	49.762
20	0.30094	564.16	555.58	1,356.17	21.271	45.010	49.184
21	0.33165	408.52	555.58	1,356.17	21.021	44.480	48.605
22	0.36683	451.75	555.58	1,356.17	20.771	43.950	48.026
23	0.40423	497.69	555.58	1,356.17	20.521	43.421	47.448]

POLICY NUMBER: [AVIVA] INSURED: [JOHN DOE]

NO LAPSE GUARANTEE RIDER

Table of NLG Factors and Rates

	NLG Monthly	NLG Tier 1	NLG Tier 2	NLG Tier 3	NLG Tie	r Reduction I	
Policy	Cost of	Maximum	Maximum	Maximum	Tier 2	Tier 3	Tier 4
Year	Insurance Rate	<u>Premium</u>	<u>Premium</u>	<u>Premium</u>	Factors	<u>Factors</u>	Factors
[24	0.44220	544.31	555.58	1,356.17	20.270	42.891	46.869
25	0.48463	596.38	555.58	1,356.17	20.020	42.362	46.290
26	0.54996	676.48	555.58	1,356.17	19.770	41.832	45.712
27	0.61138	751.73	555.58	1,356.17	19.520	41.303	45.133
28	0.68731	844.68	555.58	1,356.17	19.269	40.773	44.555
29	0.77218	948.47	555.58	1,356.17	19.019	40.244	43.976
30	0.86151	1,057.59	555.58	1,356.17	18.769	39.714	43.397
31	0.95531	1,172.04	555.58	1,356.17	18.519	39.185	42.819
32	1.05078	1,288.38	555.58	1,356.17	18.268	38.655	42.240
33	1.14738	1,405.95	555.58	1,356.17	18.018	38.126	41.661
34	1.25178	1,532.86	555.58	1,356.17	17.768	37.596	41.083
35	1.35843	1,662.32	555.58	1,356.17	17.518	37.067	40.504
36	1.48908	1,820.67	555.58	1,356.17	17.267	36.537	39.926
37	1.63480	1,996.99	555.58	1,356.17	17.017	36.008	39.347
38	1.82743	2,229.54	555.58	1,356.17	16.767	35.478	38.768
39	2.02954	2,472.94	555.58	1,356.17	16.517	34.949	38.190
40	2.24283	2,729.11	555.58	1,356.17	16.266	34.419	37.611
41	2.47509	3,007.28	555.58	1,356.17	16.016	33.890	37.032
42	2.71573	3,294.61	555.58	1,356.17	15.766	33.360	36.454
43	2.99490	3,626.83	555.58	1,356.17	15.516	32.830	35.875
44	3.31985	4,012.05	555.58	1,356.17	15.265	32.301	35.296
45	3.69338	4,452.87	555.58	1,356.17	15.015	31.771	34.718
46	4.09873	4,928.88	555.58	1,356.17	14.765	31.242	34.139
47	4.55768	5,464.87	555.58	1,356.17	14.515	30.712	33.561
48	5.03170	6,015.17	555.58	1,356.17	14.264	30.183	32.982
49	5.53811	6,599.40	555.58	1,356.17	14.014	29.653	32.403
50	6.09700	7,239.81	555.58	1,356.17	13.764	29.124	31.825
51	6.71731	7,945.27	555.58	1,356.17	13.514	28.594	31.246
52	7.40294	8,718.56	555.58	1,356.17	13.263	28.065	30.667
53	8.14497	9,547.88	555.58	1,356.17	13.013	27.535	30.089
54	8.93445	10,421.69	555.58	1,356.17	12.763	27.006	29.510
55	9.76078	11,326.94	555.58	1,356.17	12.513	26.476	28.932
56	10.61559	12,253.44	555.58	1,356.17	12.262	25.947	28.353
57	11.40675	13,102.04	555.58	1,356.17	12.012	25.417	27.774
58	12.22471	13,970.49	555.58	1,356.17	11.762	24.888	27.196
59	13.08063	14,869.66	555.58	1,356.17	11.512	24.358	26.617
60	13.98011	15,804.14	555.58	1,356.17	11.261	23.829	26.038
61	14.91811	16,767.40	555.58	1,356.17	11.011	23.299	25.460
62	15.84494	17,708.04	555.58	1,356.17	10.761	22.770	24.881
63	16.83319	18,698.96	555.58	1,356.17	10.511	22.240	24.302
64	17.88788	19,742.98	555.58	1,356.17	10.260	21.710	23.724
65	19.01348	20,842.01	555.58	1,356.17	10.010	21.181	23.145
66	20.21725	22,000.26	555.58	1,356.17	9.760	20.651	22.567]
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POLICY NUMBER: [AVIVA] INSURED: [JOHN DOE]

NO LAPSE GUARANTEE RIDER

Table of NLG Factors and Rates

	NLG Monthly	NLG Tier 1	NLG Tier 2	NLG Tier 3	NLG Tie	r Reduction	Factors:
Policy	Cost of	Maximum	Maximum	Maximum	Tier 2	Tier 3	Tier 4
Year	Insurance Rate	<u>Premium</u>	<u>Premium</u>	<u>Premium</u>	<u>Factors</u>	Factors	<u>Factors</u>
[67	21.17256	22,907.07	555.58	1,356.17	9.510	20.122	21.988
68	22.19040	23,861.35	555.58	1,356.17	9.259	19.592	21.409
69	23.27357	24,863.59	555.58	1,356.17	9.009	19.063	20.831
70	24.42597	25,915.07	555.58	1,356.17	8.759	18.533	20.252
71	25.63476	27,001.85	555.58	1,356.17	8.509	18.004	19.673
72	26.92004	28,139.55	555.58	1,356.17	8.258	17.474	19.095
73	28.28628	29,329.07	555.58	1,356.17	8.008	16.945	18.516
74	29.73851	30,571.47	555.58	1,356.17	7.758	16.415	17.938
75	31.28118	31,866.90	555.58	1,356.17	7.508	15.886	17.359
76	32.91878	33,215.17	555.58	1,356.17	7.257	15.356	16.780
77	34.65798	34,617.45	555.58	1,356.17	7.007	14.827	16.202
78	36.50383	36,073.09	555.58	1,356.17	6.757	14.297	15.623
79	38.46414	37,583.10	555.58	1,356.17	6.507	13.768	15.044
80	40.54338	39,145.35	555.58	1,356.17	6.256	13.238	14.466
81	42.74991	40,760.17	555.58	1,356.17	9.510	20.122	21.988
82	45.09044	42,425.96	555.58	1,356.17	9.259	19.592	21.409
83	47.57279	44,141.33	555.58	1,356.17	9.009	19.063	20.831
84	50.20645	45,905.35	555.58	1,356.17	8.759	18.533	20.252
85	52.99812	47,714.50	555.58	1,356.17	8.509	18.004	19.673
86	55.83333	49,490.22	555.58	1,356.17	8.258	17.474	19.095
87	83.33333	63,913.03	555.58	1,356.17	8.008	16.945	18.516]

POLICY NUMBER: [AVIVA] INSURED: [JOHN DOE]

NO LAPSE GUARANTEE RIDER

TABLE OF NLG MONTHLY RIDER CHARGES

RIDER	CHARGE
[Waiver of Specified Premium Rider:	[\$0.35]]
[Children's Insurance Rider:	[\$6.00]]
[Guaranteed Purchase Option Rider:	[\$1.30]]
[Wellness Benefits and Rewards Rider (charged only in Policy Year 1):	[\$0.00]]

POLICY NUMBER: [AVIVA]
INSURED: [JOHN DOE]

NO LAPSE GUARANTEE RIDER

TABLE OF NLG MONTHLY RIDER CHARGES

Rider:

Term Life Insurance Rider:

COVERED INSURED: [Jane Doe]

POLICY		POLICY	
YEAR	CHARGE	YEAR	CHARGE
[1	0.14083	34	2.41249
2	0.14750	35	2.66082
3	0.15667	36	2.94165
4	0.16667	37	3.31249
5	0.17833	38	3.63082
6	0.19083	39	4.05832
7	0.20583	40	4.54165
8	0.22083	41	5.06248
9	0.23833	42	5.62164
10	0.25667	43	6.21414
11	0.27750	44	6.83331
12	0.30000	45	7.49580
13	0.32417	46	8.22997
14	0.35000	47	9.05413
15	0.37917	48	9.99663
16	0.41000	49	11.07329
17	0.44750	50	12.26745
18	0.49000	51	13.55578
19	0.53750	52	14.91744
20	0.59333	53	16.34410
21	0.65416	54	17.80826
22	0.72250	55	19.33242
23	0.79500	56	20.94158
24	0.87333	57	22.66824
25	0.96166	58	24.57657
26	1.06083	59	26.76406
27	1.17083	60	29.63738
28	1.29583	61	33.93070
29	1.43916	62	41.27900
30	1.60166	63	56.03978
31	1.78166	64	83.33300
32	1.97499	65	83.33300]]
33	2.18582		

GENERAL PROVISIONS

CONTRACT

This policy, including any attached riders, endorsements, amendments, the attached copy of the application and any supplemental applications constitute the entire contract. Our rights or requirements under this policy may only be modified or waived by an authorized officer of our Company and must be in writing.

INCONTESTABILITY

All statements made in the application or supplemental applications are considered representations and not warranties. Other than for non-payment of premiums sufficient to keep this policy in force, or material misrepresentation of fact, the validity of this policy will not be contestable after both of the following conditions are met:

- a) it has been in force for two years from the Policy Date; and
- b) the Insured is alive two years from the Policy Date.

No statement will be used to void this policy or to defend against a claim unless contained in the application, supplemental applications, or any amendments attached to this policy at issue or made part of this policy when a change becomes effective.

Any increase in the Face Amount will be incontestable only after the increase has been in force for two years during the Insured's lifetime after the effective date of the increase. If this policy is ever reinstated, the policy will become contestable as set forth in the Reinstatement provision.

SUICIDE

If the Insured commits suicide, while sane or insane, during the first two policy years from the Policy Date, our liability is limited to premiums paid less any policy loans, and less any withdrawals. If the Insured commits suicide, while sane or insane, within two years after the effective date of any increase in the Face Amount, our liability as to the increased amount is limited to the monthly deductions for the increase.

MISSTATEMENT OF AGE OR SEX

If the Insured's age or sex is misstated, we will adjust proceeds based on what the monthly deductions would have purchased at the correct age and sex.

ASSIGNMENT

All assignments of this policy must be in a written form satisfactory to us and will become effective only upon being recorded at our Administrative Office. We will not be responsible for the validity of any assignment.

ANNUAL REPORT

We will send you an annual report, at no charge, which shows:

- a) the Account Value;
- b) the cash value;
- c) the net cash value;
- d) premiums paid since the last annual report;
- e) all charges since the last annual report; and
- f) any outstanding policy loans.

In addition to the annual report, we will prepare at your request a projection of values for this policy for future years. We may charge a reasonable fee for the preparation of this projection.

ISSUE AGE AND ATTAINED AGE

The Insured's issue age is shown on the Policy Data Page. The Insured's attained age is the issue age plus the number of years since the Policy Date.

MONTHLY DUE DATE

The monthly due date occurs the same day each month as the Policy Date.

ELECTIONS, DESIGNATIONS, CHANGES AND REQUESTS

All elections, designations, changes and requests must be in a written form satisfactory to us and will become effective only upon our approval.

PROCEEDS

Proceeds means the amount payable on the death of the Insured or on surrender of this policy.

NON-PARTICIPATING POLICY

This policy does not participate in our earnings or surplus. No dividends are payable.

OWNERSHIP AND BENEFICIARY PROVISIONS

OWNER

The Owner of this policy is the Insured unless stated otherwise in the application. Unless endorsed otherwise, all ownership rights under this policy vest in the Owner during the Insured's lifetime. If the Owner is not the Insured, and dies before the Insured, all rights of ownership vest in the Owner's estate unless a contingent owner was designated in the application or by endorsement, in which case, all rights of ownership will transfer to such contingent owner.

BENEFICIARY

The beneficiary is as named in the application unless later changed as provided in this policy. If two or more persons are named, they will share equally unless otherwise stated. We may rely on an affidavit to determine the identity, ages, or existence of any beneficiaries. Any payment we make in reliance on the affidavit relieves our obligations under this policy to the extent of such payment.

CHANGE OF OWNER OR BENEFICIARY

During the Insured's lifetime, you may change beneficiary designations and you may change the ownership designation. If a beneficiary is designated as irrevocable, the beneficiary designation may be changed only with the written consent of the irrevocable beneficiary. We must receive all changes in writing, in a form acceptable to us, at our Administrative Office. No change takes effect unless recorded by us at our Administrative Office. Upon being recorded by us, any change takes effect on the date the request was signed. All changes are subject to any payment we make before we record the change.

DEATH OF BENEFICIARY

The interest of any beneficiary who dies, or whose existence terminates before the Insured's death, will pass to any surviving beneficiaries according to their respective interests. If no beneficiary survives the Insured, we will pay the death proceeds in one sum to the Owner on the date of the Insured's death, if living, otherwise to such Owner's estate unless provided otherwise in the application or by endorsement.

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PREMIUM PAYMENT AND REINSTATEMENT PROVISIONS

PAYMENT OF PREMIUMS

Premiums after the first premium are payable to our Administrative Office. Upon request, we will furnish a receipt signed by an authorized officer.

PREMIUMS

INITIAL PREMIUM - The premium paid before the policy will be in force.

PLANNED PREMIUM - The premium you have elected to pay. The Planned Premium at issue is shown on the Policy Data Page. This is a flexible premium product where the Planned Premium is selected by you. Planned Premiums may be paid until the Insured's attained age 121. Payment of only the Planned Premium may not be sufficient to prevent this policy from lapsing prior to the death of the Insured.

ADDITIONAL PREMIUM - You may make additional premium payments at any time before the Insured's attained age 121. We reserve the right to limit the number and amount of additional premium payments. We may also require satisfactory evidence of the Insured's continued insurability.

AMOUNT AND FREQUENCY

You have chosen the amount and frequency of the Planned Premium at issue. This serves only as an indication of your preference as to the future frequency and amount of payment. Payment of only the Planned Premium may not be sufficient to prevent this policy from lapsing prior to the death of the Insured. We reserve the right to limit changes to the amount or frequency of the Planned Premium when the changes could cause an increase in the minimum death benefit.

PREMIUM LIMITS

We may limit the amount of premium paid so that this policy continues to qualify as a life insurance policy under any applicable law or regulation. To continue this qualification, we may refuse to accept any additional premium payments or return any premium paid which is in excess of this limit.

CREDITING OF PREMIUMS AND TRANSFERS FROM THE BASIC INTEREST STRATEGY

Net premiums are added to the Basic Interest Strategy when received at our Administrative Office. Any portion of the Basic Interest Strategy Value that exceeds the Basic Interest Strategy Value Minimum may be transferred to any fixed-term strategy, any indexed strategy or any other strategy option(s) added by endorsement. Any transfers will occur at a frequency determined by us from time to time, which shall be no less often than monthly and will include any net premium received but not processed by the date of the previous transfer. Transfers to any fixed-term strategy, any indexed strategy or any strategy option(s) added by endorsement will be made in accordance with the selections you made on the application or as later changed by your written request received by us at our Administrative Office. Any such written request will be effective when recorded at our Administrative Office, which shall occur within 10 business days of its receipt.

BASIC INTEREST STRATEGY VALUE MINIMUM

The Basic Interest Strategy Value Minimum is determined at the start of each policy year and is an estimate of the amount required to cover the monthly deductions, as described in the Monthly Deduction provision, for such year, assuming there are no policy changes that would affect the monthly deductions. This amount is dependent on the amount of your current monthly deductions and will change each policy year.

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GRACE PERIOD

We allow a 60 day grace period if, on any monthly due date, the net cash value is not sufficient to cover the current monthly deduction. The net cash value of this policy equals the Account Value less the surrender charge less any outstanding policy loan(s).

We will mail a notice of the premium required to continue this policy in force at least 30 days before the end of the grace period to your last known address, and the last known address of any assignee of record. If such premium is not received by us before the end of the grace period, this policy will lapse without value. If the Insured dies during the grace period, we will deduct the amount of any unpaid monthly deductions from the death proceeds. This policy continues in force during the grace period unless surrendered.

LAPSE

If you do not pay the required premium within the grace period, all coverage under this policy, including additional benefits or riders, terminates without value.

We guarantee that this policy will not end under the Grace Period and Lapse provisions during the Minimum Premium Period specified on the Policy Data Page if you meet the minimum premium test for that Minimum Premium Period. The minimum premium test is satisfied if the sum of the premiums paid to date, less any withdrawals and policy loans, equals or exceeds the applicable Minimum Monthly Premium specified on the Policy Data Page times the number of monthly deduction dates from the Policy Date to such date. If at any monthly due date the minimum premium test is not satisfied and the net cash value is not sufficient to cover the current monthly deduction, this policy will enter the grace period and the Grace Period and Lapse provisions will apply. After the Minimum Premium Period, continued payment of only the Minimum Monthly Premium may not be sufficient to prevent this policy from lapsing prior to the death of the Insured.

A requested change in benefits provided by this policy may necessitate a redetermination of the applicable Minimum Monthly Premium as determined by us.

REINSTATEMENT

If this policy terminates as described in the Lapse provision, you may reinstate it within five years after the end of the grace period. The requirements for reinstatement are:

- a) submit an application for reinstatement;
- b) submit evidence of the Insured's insurability satisfactory to us;
- c) pay the amount that would have been needed to keep this policy inforce as of the date of Lapse;
- d) pay a premium sufficient to keep this policy in force for at least two months following the effective date of reinstatement; and
- e) pay an amount equal to three months of loan interest divided by the net premium factor, if applicable.

We will not reinstate this policy if surrendered for its net cash value. If we reinstate, the coverage will become effective on the monthly due date on or immediately preceding the date of approval.

Any policy loan which existed at the time of lapse will be reinstated if it is not paid. The Account Value, policy loan and surrender charges on the effective date of reinstatement will be those that were in effect on the date this policy terminated.

The Incontestability and Suicide provisions will apply from the effective date of reinstatement, such date replacing the Policy Date in such provisions. If this policy has been in force for two years from the Policy Date and the Insured is alive two years from the Policy Date, it will be contestable only as to statements made in the reinstatement application.

DEATH BENEFIT PROVISIONS

DEATH BENEFIT

The death benefit depends on the Death Benefit Option in effect on the date of the Insured's death. The Death Benefit Option on the Policy Date is shown on the Policy Data Page.

After the Insured's attained age 121, if the policy is not in the grace period, the death benefit will be equal to the death benefit in effect at the Insured's Attained Age 121, but not less than the Account Value multiplied by the Percentage of Account Value shown in the Table of Minimum Death Benefits on the Policy Data Page.

DEATH BENEFIT OPTIONS

OPTION 1. The death benefit is the greater of:

- a) the current policy Face Amount plus the current Face Amount of any term riders on the life of the Insured; or
- b) the minimum death benefit described below.

OPTION 2. The death benefit is the greater of:

- a) the current policy Face Amount plus the current Face Amount of any term riders on the life of the Insured plus the Account Value; or
- b) the minimum death benefit described below.

Any death benefits referenced within a term rider on the life of the Insured attached to this policy are included in these calculations and will not be paid separately.

DEATH BENEFIT COMPLIANCE TEST

Death Benefit Compliance Tests are used to determine if a policy will qualify as life insurance under applicable tax laws. There are two compliance tests which may be used:

- a) the Guideline Premium Test; and
- b) the Cash Value Accumulation Test.

The test which you selected when this policy was issued is shown on the Policy Data Page. You cannot change your election of the Death Benefit Compliance Test after the Policy Date.

MINIMUM DEATH BENEFIT

At any time, the minimum death benefit is equal to a percentage of the Account Value. The applicable percentage is based on the attained age of the Insured and is shown in the Table of Minimum Death Benefits on the Policy Data Page.

DEATH PROCEEDS

Proceeds payable on the death of the Insured equal the death benefit calculated under the Death Benefit Option selected as of the date of the death of the Insured less any policy loan.

We will pay the death proceeds to the beneficiary:

- a) if this policy is in force on the date of the Insured's death;
- b) upon our receipt of due proof of the Insured's death; and
- c) subject to the provisions, terms and conditions of this policy.

Death proceeds will be paid in a single sum unless a payment option is elected as described in the Payment Options Provisions of this policy.

We will pay death proceeds on the death of any person(s) insured by any rider attached to this policy as provided in the rider.

INTEREST ON DEATH PROCEEDS

We will pay interest on death proceeds as required by the law of the state in which the application was signed. Interest, if any, will be paid in a single lump sum for the period from the date of death to the earliest of:

- a) the date of payment; or
- b) the date of any agreement issued under the Payment Options Provisions of this policy; or
- c) one year from the date of death, unless otherwise required by law.

The rate of interest will be the amount required by law.

Payment may be made by providing access to the death proceeds through a draft account.

POLICY CHANGE PROVISIONS

CHANGE IN FACE AMOUNT

After the first policy year, you may request to change the Face Amount, subject to our approval, by sending a written request to our Administrative Office, subject to the following conditions:

a) Face Amount decreases

The decrease becomes effective on the monthly due date on or immediately preceding the date of our approval of your request.

We will apply decreases in the following order:

- 1) against the Face Amount provided by the most recent increase; then
- 2) against the next most recent increases successively; then
- 3) against the Face Amount At Issue.

The Face Amount remaining in force after any requested decrease may not be less than the Minimum Face Amount shown on the Policy Data Page. Your surrender charges, Minimum Monthly Premium and monthly expense charges do not reduce when decreasing the Face Amount. We reserve the right to refuse any requested decrease which would cause this policy not to qualify as a life insurance policy.

We may limit the number of decreases to not more than one in any 12-month period.

b) Face Amount increases

A request for an increase in the Face Amount will be subject to the following requirements:

- 1) submit a supplemental application;
- 2) submit evidence of the Insured's insurability satisfactory to us; and
- 3) submit a minimum monthly premium applicable to the increase, if required.

Increases in the Face Amount are subject to our normal underwriting rules, issue amounts, and age limits. Upon our approval, a request becomes effective on the monthly due date on or immediately preceding the date of our approval of your request. Your surrender charges, Minimum Monthly Premium (if the policy is within the Minimum Premium Period) and monthly expense charges will increase when increasing the Face Amount.

We will send you a Table of Surrender Charges applicable to the requested increase.

We may limit the number of increases to not more than one in any 12-month period.

CHANGE IN DEATH BENEFIT OPTION

After the first policy year, you may request to change from Death Benefit Option 1 to Death Benefit Option 2. We require evidence satisfactory to us of the Insured's continued insurability. The new Face Amount will be the death benefit under Death Benefit Option 1 less the Account Value on the effective date of change. You may not change the Death Benefit Option if it results in a Face Amount below the Minimum Face Amount shown on the Policy Data Page.

After the first policy year, you may change from Death Benefit Option 2 to Death Benefit Option 1. The new Face Amount will be the death benefit under Death Benefit Option 2 on the effective date of the change.

Changes in the Death Benefit Option are effective on the monthly due date on or immediately preceding the date of our approval of your request. You may not change the Death Benefit Option more than once in any 12-month period.

CHANGE IN RATE CLASS

You may request a change in the Rate Class of the Insured or any Covered Insured under a rider attached to this policy at any time while this policy is in force by sending a written request to our Administrative Office. Evidence of the Insured's and/or Covered Insured's insurability under the requested rate class must be submitted to us. All changes in the Rate Class are subject to our then current underwriting rules, issue amounts, and age limits. A request becomes effective on the monthly due date on or immediately preceding the date of our approval of your request. We will send you revised Policy Data Pages based on the new rate classification.

ADDITION OF RIDERS

You may request that additional benefits provided by riders be added to this policy after the Policy Date, by sending a written request to our Administrative Office. Evidence of insurability may be required depending on the rider you choose to add. The addition of any rider is subject to its availability with the policy to which it will be attached at the time the request is received and our then current underwriting rules, issue amounts, and age limits. Upon our approval, a request becomes effective on the monthly due date on or immediately preceding the date of our approval of your request. We will send you the requested rider form and revised Policy Data Pages based on the new rider.

NONFORFEITURE PROVISIONS

ACCOUNT VALUE

The Account Value of this policy on the Policy Date is the initial net premium minus the monthly deduction. The Account Value of this policy on any other date is equal to the sum of the Basic Interest Strategy Value, the Fixed-Term Strategy Value, the Indexed Strategy Value, the value of any other strategy option(s) added to this policy by endorsement and the outstanding balance of any policy loans under the Annually Declared Loan Interest Option.

We calculate the Basic Interest Strategy Value on a monthly due date as:

- a) the Basic Interest Strategy Value on the preceding monthly due date; plus
- b) one month's Basic Interest Strategy interest on a); plus
- c) any net premiums received since the preceding monthly due date plus Basic Interest Strategy interest on those net premiums paid to the monthly due date; plus
- d) any transfers to the Basic Interest Strategy made since the preceding monthly due date plus Basic Interest Strategy interest on those transfers paid to the monthly due date; minus
- e) any withdrawals from the Basic Interest Strategy made since the preceding monthly due date plus Basic Interest Strategy interest on those withdrawals paid to the monthly due date; minus
- f) any transfers from the Basic Interest Strategy to a fixed-term strategy, indexed strategy or any other strategy option(s) added to this policy by endorsement since the preceding monthly due date plus Basic Interest Strategy interest on those transfers paid to the monthly due date; minus
- g) any amounts removed from the Basic Interest Strategy since the preceding monthly due date due to policy loans with the Annually Declared Loan Interest Option (either new policy loans or unpaid loan interest), plus Basic Interest Strategy interest on those amounts paid to the monthly due date; plus
- h) interest credited since the preceding monthly due date on the outstanding balance of any policy loans under the Annually Declared Loan Interest Option; minus
- i) any monthly deduction from the Basic Interest Strategy for the current monthly due date.

The Fixed-Term Strategy Value is equal to the sum of the values of each fixed-term strategy. The available fixed-term strategies are shown in the Initial Notice on the Policy Data Page or in subsequent notices to you. We calculate the value of each fixed-term strategy on a monthly due date as follows:

- a) the value of the fixed-term strategy on the preceding monthly due date; plus
- b) any interest credited to a Fixed-Term Segment with the strategy since the preceding monthly due date through such monthly due date; plus
- c) any transfers from the Basic Interest Strategy to the fixed-term strategy since the preceding monthly due date plus fixed-term strategy interest on those transfers paid to the monthly due date; minus
- d) any withdrawals from the fixed-term strategy made since the preceding monthly due date plus fixed-term strategy interest attributable to such withdrawal to the monthly due date; minus
- e) any transfers from the fixed-term strategy to the Basic Interest Strategy since the preceding monthly due date plus fixed-term strategy interest on those transfers to the monthly due date; minus
- f) any amounts removed from the fixed-term strategy since the preceding monthly due date due to policy loans with the Annually Declared Loan Interest Option (either new policy loans or unpaid loan interest), plus fixed-term strategy interest on those amounts paid to the monthly due date; minus
- g) any monthly deduction from the fixed-term strategy for the current monthly due date.

A Fixed-Term Segment is created on each date when Basic Interest Strategy Value is transferred to a fixed-term strategy, and consists of the value transferred to the fixed-term strategy on such date. Each Fixed-Term Segment has a Fixed-Term Segment Length as shown in the Initial Notice on the Policy Data Page or in the subsequent notices to you.

The Indexed Strategy Value is equal to the sum of the values of each indexed strategy. The available indexed strategies are shown in the Initial Notice on the Policy Data Page or in subsequent notices to you. We calculate the value of each indexed strategy on a monthly due date as:

- a) the value of the indexed strategy on the preceding monthly due date; plus
- b) any Interest Credits credited to an Indexed Segment within the strategy since the preceding monthly due date through such monthly due date; plus
- c) any transfers from the Basic Interest Strategy to the indexed strategy since the preceding monthly due date; minus
- d) any withdrawals from the indexed strategy made since the preceding monthly due date; minus
- e) any transfers from the indexed strategy to the Basic Interest Strategy since the preceding monthly due date; minus
- f) any amounts removed from the indexed strategy since the preceding monthly due date due to policy loans with the Annually Declared Loan Interest Option (either new policy loans or unpaid loan interest); minus
- g) any monthly deduction from the indexed strategy for the current monthly due date.

An Indexed Segment is created on each date when Basic Interest Strategy Value is transferred to an indexed strategy, and consists of the value transferred to the indexed strategy on such date. Interest Credits are only credited to an Indexed Segment at specified intervals. Amounts removed from an indexed strategy prior to an Interest Crediting Date will not be credited with Interest Credits. The date on which each interval ends is referred to as an Interest Crediting Date. The Interest Crediting Dates for an indexed strategy will be shown in notices provided to you. References to the "preceding Interest Crediting Date" which are applicable during the Interest Crediting Period following the creation of an Indexed Segment refer to the date that the Indexed Segment was created:

On any day other than a monthly due date, we calculate the Basic Interest Strategy Value, the Fixed-Term Strategy Value, and the Indexed Strategy Value in a manner consistent with that described above, except that if the Indexed Strategy Value is being calculated in connection with any termination of the policy (including death, surrender or lapse) or removal of amounts transferred from an indexed strategy, we will increase the Interest Credits credited to your Indexed Segments as necessary so that the earnings during the elapsed term of every Indexed Segment have an effective annualized interest rate at least equal to the Guaranteed Interest Rate shown on the Policy Data Page.

MONTHLY DEDUCTION

We calculate monthly deductions for a policy month as:

- a) the monthly cost of insurance; plus
- b) the monthly cost of additional benefits provided by rider; plus
- c) the monthly expense charge; plus
- d) the monthly policy charge for this policy period.

Monthly deductions will be deducted from the Account Value in the following order:

- a) from the Basic Interest Strategy until the Basic Interest Strategy Value is exhausted; then
- b) from each fixed-term strategy in the order that the fixed-term strategies are listed in the Initial Notice on the Policy Data Page or in subsequent notices provided to you until the value of the fixed-term strategy is exhausted; then
- c) from each indexed strategy in the order that the indexed strategies are listed in the Initial Notice on the Policy Data Page or in subsequent notices provided to you until the value of the indexed strategy is exhausted; then
- d) from any strategy option(s) added by endorsement.

If any fixed-term strategies and/or indexed strategies have multiple segments, such deductions are made from the most recently-created segment in such strategy, and then the next most recent, successively, until the value of such strategy is exhausted.

There are no monthly deductions after the Insured's Attained Age 121.

POLICY EXPENSE CHARGES

This policy includes both a monthly policy charge and a monthly expense charge.

The monthly policy charge will never be more than the Maximum Monthly Policy Charge shown on the Policy Data Page. The monthly policy charge is based on the policy form. Any change in the monthly policy charge will apply uniformly to all members that have been issued this policy form.

The maximum monthly expense charge for the face amount on the Policy Date is equal to the Maximum Monthly Expense Charge Rate shown on the Policy Data Page multiplied by the Face Amount At Issue shown on the Policy Data Page divided by \$1,000. We base the monthly expense charge rate on the Insured's issue age, sex and rate class. Any change in the monthly expense charge rates will apply uniformly to all members of the same issue age, sex and rate class. The monthly expense charge rate for the Face Amount At Issue will never be greater than the Maximum Monthly Expense Charge Rate shown on the Policy Data Page.

There will be a separate maximum monthly expense charge applicable to any face amount increase. The maximum monthly expense charge for a face amount increase is equal to the maximum monthly expense charge rate for the Insured's age, sex and rate class on the effective date of the face amount increase multiplied by the face amount increase divided by \$1,000. We base the monthly expense charge rate on the Insured's age, sex and rate class on the effective date of the face amount increase. Any change in the monthly expense charge rates will apply uniformly to all members of the same age, sex and rate class on the effective date of the face amount increase. The monthly expense charge rate for a face amount increase will never be greater than the maximum monthly expense charge rate based on the Insured's age, sex and rate class at the time of the face amount increase.

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MONTHLY COST OF INSURANCE

We calculate monthly cost of insurance for this policy as the cost of insurance rate multiplied by the net amount at risk. The cost of insurance rate is described in the Cost of Insurance Rates provision. The net amount at risk is equal to:

- a) the death benefit on the monthly due date divided by the Interest Factor shown on the Policy Data Page; minus
- b) the Account Value on the monthly due date after deduction of the monthly expense charge, the monthly cost of additional benefits provided by rider, except for the No Lapse Guarantee Rider, if attached to this policy, and the monthly policy charge; divided by
- c) 1000.

If Death Benefit Option 1 is in effect and there have been increases in the Face Amount, the Account Value is first considered a part of the Face Amount at Issue for the purpose of determining the net amount at risk. If the Account Value exceeds the Face Amount at Issue, such excess is considered a part of any Face Amount increase in the order of the increases and then considered part of the death benefit attributed to any riders on the Insured, if attached to this policy.

COST OF INSURANCE RATES

We base cost of insurance rates on the Insured's issue age, sex, policy duration, and rate class. For the Face Amount at Issue, the rate class on the Policy Date will apply. For each increase in the Face Amount, the rate class applicable to the increase will apply. When the death benefit is equal to the minimum death benefit, the rate class for the most recent increase will apply to that portion of the death benefit equal to the excess of the death benefit over the Face Amount.

We can change the rates from time to time. We will determine the monthly cost of insurance rates charged according to our expectations of future mortality, interest, persistency and expenses. Any change in the cost of insurance rates will apply uniformly to all members of the same issue age, sex, policy duration, and rate class and will never be greater than those shown in the Table of Monthly Guaranteed Maximum Cost of Insurance Rates shown on the Policy Data Page.

BASIC INTEREST STRATEGY INTEREST RATES

The Guaranteed Interest Rate is shown on the Policy Data Page. We may apply Basic Interest Strategy interest rates in excess of the Guaranteed Interest Rate in the calculation of the Basic Interest Strategy Value in a manner we determine. Interest rates in excess of the Guaranteed Interest Rate will not change more often than once in a calendar year.

FIXED-TERM STRATEGIES INTEREST RATES

We may provide for one or more fixed-term strategies under this policy. Each fixed-term strategy may include one or more Fixed-Term Segments. Each Fixed-Term Segment will be credited with interest at no less than the Guaranteed Interest Rate shown on the Policy Data Page. We may credit interest rates in excess of the Guaranteed Interest Rate in a manner we determine. The rate we will credit, which is referred to as the Fixed-Term Segment Interest Rate, may vary over time and may vary from one Fixed-Term Segment to another. Once the rate is declared for a Fixed-Term Segment, it will be guaranteed for 12 months. This rate will be shown in notices to you.

Fixed-Term Segment Value cannot be transferred out of any Fixed-Term Segment prior to the end of the Fixed-Term Segment Length applicable to such segment unless the Fixed-Term Segment Interest Rate applicable to such segment is decreased during the Fixed-Term Segment Length. In such case, you may transfer affected Fixed-Term Segment Values to the Basic Interest Strategy provided that your written request to make such a transfer is received at our Administrative Office within 30 days after we send you notice of the decrease in the Fixed-Term Segment Interest Rate. The transfer will be made effective upon receipt at our Administrative Office of your written request for such a transfer. At the end of the Fixed-Term Segment Length applicable to a Fixed-Term Segment, the Fixed-Term Segment Value attributable to such segment is automatically transferred to the Basic Interest Strategy.

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1 YEAR POINT TO POINT AND 2 YEAR POINT TO POINT INDEXED STRATEGIES

We may provide for one or more indexed strategies under this policy. Each indexed strategy may include one or more Indexed Segments. Interest Credits are credited to each Indexed Segment on its Interest Crediting Dates as described in the Indexed Strategies on the Policy Data Page.

Index. The Index is the measure used for determining the Interest Credits for each indexed strategy. The Index used is shown on the Policy Data Page. If the Index is discontinued or if we are unable to utilize it or if the calculation of the Index is changed substantially, we will substitute a similar alternative Index and notify you.

Index Number. The Index Number as of any date is the value of the Index as of the close of business on the day before such date. We determine the Index Number using the value as reported by a third party source at a consistent time each day. Any change in the reported value of the Index after our determination of the Index Number will not be included in the calculation of the Index Growth, if applicable. If the value of the Index is not reported on any date for which it is needed, the first preceding reported value of the Index will be used.

Index Growth. On each Interest Crediting Date of an Indexed Segment, the Index Growth for that Indexed Segment is the percentage calculated as (A-B) / B where:

A is the Index Number as of the current Interest Crediting Date of the Indexed Segment.

B is the Index Number as of the preceding Interest Crediting Date of the Indexed Segment.

Interest Credits. Interest Credits for an Indexed Segment are calculated on each Interest Crediting Date of such segment as follows:

- a) Index Growth multiplied by the applicable Participation Rate, adjusted so that the rate of Interest Credits for this segment does not exceed the Cap Rate and is not less than 0%.
- b) Multiplied by:
 - 1) the Indexed Segment Value attributable to that Indexed Segment on the preceding Interest Crediting Date of the Indexed Segment; minus
 - 2) withdrawals from the Indexed Segment during the Interest Crediting Period just ended; minus
 - monthly deductions from the Indexed Segment during the Interest Crediting Period just ended; minus
 - 4) amounts removed from the Indexed Segment during the Interest Crediting Period just ended due to policy loans with the Annually Declared Loan Interest Option.

At the last Interest Crediting Date of each Indexed Segment, Interest Credits calculated as described above will be increased as necessary so that the Interest Credits credited to the Indexed Segment during its Indexed Segment Term have an effective annualized interest rate at least equal to the Guaranteed Interest Rate shown on the Policy Data Page.

For purposes of calculating Interest Credits for an Indexed Segment for the Interest Crediting Period, if any amounts are removed on an Interest Crediting Date due to the following, those amounts will not be included with the withdrawals for the Interest Crediting Period just ended; but will be taken into consideration in calculating the next year's Interest Credits:

- a) a withdrawal effective on such Interest Crediting Date;
- b) monthly deduction; or
- c) policy loans with the Annually Declared Loan Interest Option.

Interest Credits for an Indexed Segment are calculated on each Interest Crediting Date and added to the Indexed Segment Value on such Interest Crediting Date. Interest Credits are not calculated or credited to an Indexed Segment between Interest Crediting Dates.

For the first Interest Crediting Date for each segment, the preceding Interest Crediting Date will be the Segment Creation Date.

Participation Rate. The Participation Rate is the portion of the Index Growth that will be recognized in the calculation of the Interest Credits for an Indexed Segment on an Interest Crediting Date. We will determine the Participation Rate applicable to each Indexed Segment for each Interest Crediting Period and will notify you. The Participation Rate during an Indexed Segment Term will never be less than the Minimum Participation Rate for that Indexed Segment Term shown on the Policy Data Page.

Cap Rate. The Cap Rate is the maximum percentage that will be used in the calculation of the Interest Credits. We will determine the Cap Rate applicable to each Indexed Segment for each Interest Crediting Period and will notify you. The Cap Rate during an Indexed Segment Term will never be less than the Minimum Cap Rate for that Indexed Segment Term, shown on the Policy Data Page.

Indexed Segment Term. Each Indexed Segment is subject to an Indexed Segment Term shown on the Policy Data Page. Indexed Strategy Value cannot be transferred out of an Indexed Segment prior to the end of the Indexed Segment Term applicable to the segment. On the Interest Crediting Date coinciding with the end of the Indexed Segment Term applicable to an Indexed Segment, the Indexed Segment Value attributable to such Indexed Segment is automatically transferred to the Basic Interest Strategy.

CASH VALUE

The cash value equals the Account Value less the surrender charge.

SURRENDER CHARGE

The Table of Surrender Charges is shown on the Policy Data Page.

If we approve a requested increase in the Face Amount, we will send you a Table of Surrender Charges applicable to the requested increase. Your surrender charges are not reduced when decreasing the Face Amount.

NET CASH VALUE

The net cash value of this policy equals the cash value of this policy less any outstanding policy loan(s).

SURRENDER

You may surrender this policy while this policy is in force and the Insured is living. On surrender, the proceeds will be the net cash value. You must send written notice of surrender to our Administrative Office. If you surrender this policy within 30 days after a policy anniversary, the net cash value will not be less than the net cash value on that anniversary, less any policy loans or withdrawals made and withdrawal charges deducted on or after the anniversary. A surrender terminates this policy.

We may delay payment, except to pay premiums on other policies with us, for up to six months after we receive the surrender request.

WITHDRAWALS

After the first policy year, you may make withdrawals from this policy while the Insured is living. You must make your request to us in writing. We may limit the number of withdrawals to not more than two in any 12-month period.

The amount of the withdrawal will equal the amount paid to you plus any applicable withdrawal charge. Each policy year after the first policy year, you are eligible for a penalty free withdrawal. A penalty free withdrawal is a withdrawal made without incurring a withdrawal charge. The penalty fee withdrawal amount on the date of withdrawal is equal to the Free Withdrawal Percentage shown on the Policy Data Page multiplied by the cash value as of the date of the withdrawal, less any prior penalty free withdrawals taken in that policy year, but not less than zero. If less than the Free Withdrawal Percentage is withdrawn in any policy year, the remaining amount does not roll over to future policy years.

The amount of a withdrawal may not be more than the net cash value less a premium sufficient to keep this policy in force to the end of the current policy year.

When you make a withdrawal, we reduce the Account Value by the amount paid to you and the withdrawal charge. If Death Benefit Option 1 is in effect, the Face Amount will be reduced by the amount of the withdrawal. We apply the reduction in the Face Amount in the following order:

- a) against the Face Amount at Issue; then
- b) against coverage provided by the next earliest increase; then
- c) against coverage provided by the most recent increase.

We will not allow a withdrawal if it results in a Face Amount less than the Minimum Face Amount shown on the Policy Data Page.

Withdrawals (including the withdrawal charge) are made from the Account Value in the following order:

- a) from the Basic Interest Strategy until the Basic Interest Strategy Value is exhausted; then
- b) from each fixed-term strategy in the order that the fixed-term strategies are listed in the Initial Notice on the Policy Data Page or in subsequent notices provided to you until the value of the fixed-term strategy is exhausted; then
- c) from each indexed strategy in the order that the indexed strategies are listed in the Initial Notice on the Policy Data Page or in subsequent notices provided to you until the value of the indexed strategy is exhausted; then
- d) from any strategy option(s) added by endorsement.

If any fixed-term strategies and/or indexed strategies have multiple segments, withdrawals are made from the most recently-created segment in such strategy, and then the next most recent, successively, until the value of such strategy is exhausted.

We may delay payment, except to pay premiums on policies with us, for up to six months after the withdrawal request.

WITHDRAWAL CHARGE

The withdrawal charge is equal to $A \times (B-D) / (C-D) + E$ where:

- A is the surrender charge on the date of withdrawal.
- B is the amount withdrawn from the Account Value.
- C is the net cash value on the date of withdrawal.
- D is the penalty free withdrawal amount on the date of withdrawal.
- E is a withdrawal fee up to \$25.00.

In this calculation, the result of A x (B-D) / (C-D) cannot be less than zero.

TERMINATION OF INSURANCE

This policy terminates when any one of the following occurs:

- a) we receive your written request for full surrender;
- b) the Insured dies: or
- c) the required premium has not been paid when the grace period ends.

BASIS OF COMPUTATIONS

Minimum cash values are based on the guaranteed mortality table and Guaranteed Interest Rate shown on the Policy Data Page.

The nonforfeiture values for this policy are never less than the minimums required on the Policy Date by the state in which the application is signed. A detailed statement of the method of computing values has been filed with the insurance supervisory official of the state in which the application was signed.

LOAN PROVISIONS

POLICY LOAN

At any time while this policy is in force you may request a policy loan. You must make your request to us in writing. Your policy and its values are automatically assigned to us as security for a policy loan. We may postpone making a policy loan, except for loans to pay premiums on policies with us, for up to six months after receiving the loan request.

The maximum amount available for a policy loan is:

- a) the net cash value as of the date of the policy loan; less
- b) loan interest to the next policy anniversary; less
- c) a premium sufficient to keep this policy in force to the end of the current policy year.

If policy loan(s) exceed the cash value, the Grace Period and Lapse provisions of this policy will apply.

Two Loan Interest Options (Variable Loan Interest Option and Annually Declared Loan Interest Option) are available under this policy. You may choose the Loan Interest Option at the time of your request for a loan. However, if your policy has an outstanding loan at the time of your request for an additional loan, the new loan(s) must have the same Loan Interest Option as your outstanding loan. When a policy loan with the Annually Declared Loan Interest Option is made, the amount loaned plus loan interest in advance will be removed from the strategies as described in the Annually Declared Loan Interest Option provision of this policy. When a policy loan with the Variable Loan Interest Option is made, the amount loaned plus loan interest in advance will not be removed from the strategies.

You may request to change the Loan Interest Option in effect from one option to the other on an outstanding loan. You may change the Loan Interest Option one time each policy year, up to a maximum of three times while your policy is in force. The new Loan Interest Option selected will be effective for the outstanding balance of all policy loans. You cannot have outstanding loan balances under both Loan Interest Options at the same time.

We will notify you of:

- a) the loan interest rate at the time the policy loan is made; and
- b) any loan interest rate change on existing policy loans. The change will be effective on the policy anniversary.

We will send notification of the change to you not less than 31 days before making the change.

ANNUALLY DECLARED LOAN INTEREST OPTION

Loan interest is payable in advance at the time of the new loan and on each policy anniversary through the next policy anniversary and accrues daily at the annual interest rate we establish. Interest not paid when due will be added to the policy loan and will bear interest at the rate then in effect.

We calculate loan interest at the following rates:

- a) The Annually Declared Loan Rate per annum payable in advance, for any loans made during the first ten policy years, or on the balance of any policy loan made after the tenth policy year in excess of the greater of:
 - 1) 10% of the net cash value; or
 - 2) the net cash value, less the sum of all premiums paid, plus the sum of all withdrawals.

We may change the Annually Declared Loan Rate from time to time. It will be no greater than the Maximum Annually Declared Loan Rate shown on the Policy Data Page. The new rate will apply to all new and outstanding loans other than those described in b) below.

- b) The Minimum Annually Declared Loan Rate shown on the Policy Data Page per annum payable in advance, for any loans made after the tenth policy year on any new policy loan made that does not exceed the greater of:
 - 1) 10% of the net cash value; or
 - 2) the net cash value, less the sum of all premiums paid, plus the sum of all withdrawals.

If more than one loan is taken in a given policy year under b) above, the maximum amount available for each loan is equal to the maximum of:

- 1)10% of the net cash value less the sum of all loans previously received during that policy year under b) above; or
- 2) The net cash value, less the sum of all premiums paid, plus the sum of all withdrawals.

Under the Annually Declared Loan Interest Option, the amount loaned plus loan interest in advance will be removed from the strategies at the time the loan is made and the amount of any unpaid loan interest added to the outstanding policy loan is removed from the strategies at the time the loan interest is due. These amounts will be removed from the strategies in the following order:

- a) from the Basic Interest Strategy until the Basic Interest Strategy Value is exhausted; then
- b) from each fixed-term strategy in the order that the fixed-term strategies are listed in the Initial Notice shown on the Policy Data Page or in subsequent notices provided to you until the value of the fixed-term strategy is exhausted; then
- c) from each indexed strategy in the order that the indexed strategies are listed in the Initial Notice shown on the Policy Data Page or in subsequent notices provided to you until the value of the indexed strategy is exhausted; then
- d) from any strategy option(s) added by endorsement.

If any fixed-term strategies and/or indexed strategies have multiple segments, the amounts loaned are removed from the most recently-created segment in such strategy, and then the next most recent, successively, until the value of such strategy is exhausted.

We will credit interest at least annually at the Guaranteed Interest Rate shown on the Policy Data Page on the outstanding balance of any policy loans under the Annually Declared Loan Interest Option.

VARIABLE LOAN INTEREST OPTION

Loan interest is payable in advance at the time of the new loan and on each policy anniversary through the next policy anniversary and accrues daily at the annual interest rate we establish. Interest not paid when due will be added to the policy loan and will bear interest at the rate then in effect.

The maximum annual loan interest rate we may establish will not exceed the equivalent of an effective annual rate of the higher of:

- the published monthly average (Moody's Corporate Bond Yield Average Monthly Average Corporate as published by Moody's Investors Service, Inc., or its successor) for the calendar month ending two months prior to the date the rate is determined; or
- b) the Guaranteed Interest Rate as shown on the Policy Data Page, plus 1% per annum.

The maximum annual loan rate will not exceed the Maximum Variable Loan Rate as shown on the Policy Data Page.

The Insurance Commissioner of the state in which the application was signed will substitute a similar average if the published monthly average is no longer published.

Once the policy has an outstanding loan under the Variable Loan Interest Option, we may change the interest rate once a year on the policy anniversary. The rate being charged may be increased whenever such increase would increase the rate by 1/2% or more per annum. The rate charged must be reduced whenever such reduction would decrease that rate by 1/2% or more per annum. Any change in the interest rate will apply to any existing or new policy loans.

REPAYMENT

You may repay any loan in whole or in part at any time while this policy is in force and the Insured is living.

You may not make partial repayment of any loan less than \$10.00 except with our consent. Unless otherwise designated, any payment received will be treated as a loan repayment to the extent a loan is outstanding.

Annually Declared Loan repayments will not be credited back to the segment(s) from which loaned amounts were removed. Instead, upon repayment such amounts will be added to the Basic Interest Strategy and transferred as described in Crediting of Premiums and Transfers from the Basic Interest Strategy provision of this policy.

PAYMENT OPTIONS PROVISIONS

ELECTION OF OPTIONS

In lieu of payment of a single sum, you may elect to have any proceeds payable under this policy paid in whole or in part under one of the payment options provided below. These options shall be available whether the proceeds are payable from a death claim or from surrender of this policy. If no option is elected by you during the Insured's lifetime, the beneficiary may do so. Election must be made before payment of the proceeds of this policy has been made.

GENERAL CONDITIONS

Election of any payment option is subject to the following conditions:

- a) Election or revocation will become effective only when a properly written request has been recorded at our Administrative Office. Any election may be revoked during the lifetime of the Insured and before the proceeds of this policy are payable.
- b) Any change of beneficiary subsequent to the election of an option will automatically revoke the election.
- c) If this policy is assigned, or if the payee is a corporation, association, partnership, or trustee, the options will be available only with our consent.
- d) A settlement agreement attached to this policy will be effective only when countersigned by us.

DESCRIPTION OF PAYMENT OPTIONS

Subject to the stated conditions, all or part of the policy proceeds may be applied under one of the following options:

- Interest income. Proceeds may be left with us until death of the payee or for a fixed number of years not in excess of 30. Interest will be calculated on the proceeds at the current rate we set but not less than 1.5%. The interest may be left with us to accumulate or the payee may request to receive interest payments periodically.
- Life income. Periodic payments will be made during the lifetime of the payee. A guaranteed payment period can be selected. Payments will not be less than shown in the Payment Option Table that follows. In the event of the death of the payee during the guaranteed payment period, payments will be continued to a beneficiary named by the payee for the remainder of the guaranteed payment period. With our approval, proceeds may be applied under any other payment option in use by us at the time of settlement.
- Other Options. Additional payment options are available upon request including joint and 50% survivior life income. You may contact us for the rates and terms of any additional payment options.

REQUIREMENTS FOR PAYMENTS

The minimum proceeds that may be applied under any payment option is \$5,000. Proceeds less than this amount will be paid in one lump sum to the payee. Interest payments or periodic payments may be made annually, semi-annually, quarterly or monthly as long as each payment is at least \$25.00. If the payments become less than \$25.00, we will have the right to decrease the frequency with which the payments are made. All periodic payments are computed on the basis of payments being due at the beginning of each installment period. The size of periodic payments under life income are based on the sex and age nearest birthday at the time payments begin of the person or persons on whose life payments are based. Payment will be subject to satisfactory proof of age and sex.

SUPPLEMENTARY CONTRACT

When settlement is made, we will issue a supplementary contract upon surrender of this policy.

PAYMENT OPTION TABLE

Minimum monthly periodic payments for each \$1,000 of proceeds

MALE	LIFE	10 YEAR CERTAIN & LIFE	FEMALE	LIFE	10 YEAR CERTAIN & LIFE
50	3.06	3.05	50	2.84	2.84
51	3.12	3.11	51	2.90	
52	3.19	3.17	52	2.95	2.89
53	3.26	3.24	53	3.01	2.94
54	3.33	3.31	54	3.07	3.00
55	3.41	3.38	55		3.06
56 .	3.49	3.46	56	3.14	3.13
57	3.57	3.54	57	3.21	3.19
58	3.66	3.62	58	3.28	3.26
59	3.75	3.71		3.35	3.33
60	3.85	3.81	59 60	3.43	3.41
61	3.96	3.90	60	3.52	3.49
62	4.07	4.01	61	3.61	3.58
63	4.19	4.12	62	3.70	3.67
64	4.32	4.12	63	3.80	3.77
65	4.46		64	3.91	3.87
66	4.61	4.35	65	4.02	3.97
67	4.76	4.48	66	4.15	4.09
68	4.70	4.61	67	4.28	4.21
69		4.75	68	4.41	4.33
70	5.10	4.89	69	4.56	4.47
70 71	5.29	5.04	70	4.72	4.61
	5.49	5.20	71	4.90	4.76
72 73	5.70	5.36	. 72	5.08	4.91
73	5.92	5.52	73	5.28	5.08
74 75	6.16	5.69	74	5.50	5.25
75 76	6.41	5.86	75	5.73	5.43
76	6.69	6.04	76	5.98	5.62
77 70	6.98	6.22	77	6.24	5.81
78 78	7.29	6.41	78	6.53	6.01
79	7.62	6.59	79	6.85	6,21
80	7.98	6.78	80	7.18	6.42
81	8.36	6.96	81	7.55	6.62
82	8.77	7.14	82	7.95	6.83
83	9.21	7.32	83	8.38	7.04
84	9.69	7.49	84	8.84	7.24
85	10.20	7.66	85	9.35	7.43
86	10.74	7.82	86	9.90	7.62
87	11.34	7.97	87	10.49	7.80
88	11.98	8.12	.88	11.14	. 7.96
89	12.66	8.25	89	11.83	8.12
90	13.40	8.38	90	12.56	8.27
91	14.18	8.49	91	13.34	
92	15.02	8.59	92	13.54	8.40
93	15.92	8.68	93		8.52
94	16.91	8.75	93 94	15.05	8.62
95	18.02	8.81	94 95	16.01 17.07	8.70

This table is based on the Annuity 2000 Mortality Table projected for 20 years using 100% of Projection Scale G at 1.5% interest, compounded annually. Guaranteed payments for ages not shown in the table are available upon request.

GLOSSARY OF TERMS

This glossary is provided to assist you in identifying and understanding the terms used in this policy. These descriptions are for your convenience only and are qualified in their entirety by the more specific details set forth in this policy.

Account Value - The policy value calculated as described under the Nonforfeiture Provisions of this policy.

Cap Rate - The maximum percentage that will be used in the calculation of the Interest Credits.

Index Growth - The percentage increase in the Index Number which is calculated as described under the 1 Year Point to Point and 2 Year Point to Point Indexed Strategies provision of this policy or in a strategy endorsement.

Basic Interest Strategy - Interest crediting strategy to which all net premiums are added when received at our Administrative Office, as described under the Basic Interest Strategy Value Minimum provision of this policy.

Basic Interest Strategy Value - The value of the Basic Interest Strategy calculated as described under the Nonforfeiture Provisions of this policy.

Basic Interest Strategy Value Minimum - An estimate of the amount required to cover the monthly deductions for 12 months, calculated as described under the Basic Interest Strategy Value Minimum provision of this policy.

Fixed-Term Segment - The portion of the total Fixed-Term Strategy associated with each transfer of values from the Basic Interest Strategy to the Fixed-Term Strategy, as described under the Nonforfeiture Provisions of this policy.

Fixed-Term Segment Length - The period of time during which amounts transferred to a Fixed-Term Segment cannot be transferred to another interest crediting strategy, as described under the Nonforfeiture Provisions of this policy.

Fixed-Term Strategy - Interest crediting strategy that credits interest at no less than this policy's Guaranteed Interest Rate, as described under the Fixed-Term Strategies Interest Rates provision of this policy.

Fixed-Term Strategy Value - The sum of the values of each fixed-term strategy calculated as described under the Nonforfeiture Provisions of this policy.

Guaranteed Interest Rate - The minimum guaranteed interest rate shown on the Policy Data Page.

Index - The measure used for determining the Interest Credits, as described under the 1 Year Point to Point and 2 Year Point to Point Indexed Strategies provision of this policy or in a strategy endorsement.

Interest Credits - The index-linked interest credited to an Indexed Segment, which is calculated as described under the 1 Year Point to Point and 2 Year Point to Point Indexed Strategies provision of this policy or in a strategy endorsement.

Index Number - The Index Number as of any date is the value of the Index as of the close of business on the day before such date. We determine the Index Number using the value as reported by a third party source at a consistent time each day. Any change in the reported value of the Index after our determination of the Index Number will not be included in the calculation of the Index Growth, if applicable. If the value of the Index is not reported on any date for which it is needed, the first preceding reported value of the Index will be used.

Indexed Segment - The portion of the total Indexed Strategy associated with each transfer of values from the Basic Interest Strategy to the Indexed Strategy, as described under the Nonforfeiture Provisions of this policy.

Indexed Segment Term - The period of time during which amounts transferred to an Indexed Segment cannot be transferred to another interest crediting strategy, as described under the Nonforfeiture Provisions of this policy.

Indexed Segment Value - The value of a particular Indexed Segment.

Indexed Strategy - Interest crediting strategy that is linked to the growth of an identified index, as described under the 1 Year Point to Point and 2 Year Point to Point Indexed Strategies provision of this policy or in a strategy endorsement.

Indexed Strategy Value - The sum of the values of each indexed strategy calculated as described under the Nonforfeiture Provisions of this policy.

Initial Net Premium - The portion of the initial paid premium that is added to the Basic Interest Strategy when received by us at our Administrative Office.

Interest Crediting Date - The dates that Interest Credits for an Indexed Segment are calculated and added to the Indexed Segment Value. The Interest Crediting Dates for each indexed strategy are shown in the Initial Notice on the Policy Data Page or in subsequent notices to you.

Minimum Cap Rate - The lowest Cap Rate that we may apply to an Indexed Segment during its Indexed Segment Term, as described under the 1 Year Point to Point and 2 Year Point to Point Indexed Strategies provision of this policy or in a strategy endorsement.

Minimum Face Amount - The smallest Face Amount allowed at issue, after a face amount decrease or following a withdrawal. The Minimum Face Amount is shown on the Policy Data Page.

Minimum Monthly Premium - An amount shown on the Policy Data Page that is used in determining whether the minimum premium test is met, as described under the Lapse provision of this policy.

Minimum Participation Rate - The lowest Participation Rate that we may apply to any Indexed Segment, as described under the 1 Year Point to Point and 2 Year Point to Point Indexed Strategies provision of this policy or in a strategy endorsement.

Minimum Net Premium - Premium paid multiplied by the percentage shown as the Minimum Net Premium on the Policy Data Page. In any policy year, we may apply a higher percentage than the Minimum Net Premium percentage. This amount is the Net Premium added to the Basic Interest Strategy.

Participation Rate - The portion of the Index Growth that will be recognized in the calculation of the Interest Credits for an Indexed Segment on an Interest Crediting Date, as described under the 1 Year Point to Point and 2 Year Point to Point Indexed Strategies provision of this policy or in a strategy endorsement.

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Aviva Life and Annuity Company
Home Office: [7700 Mills Civic Parkway, West Des Moines, Iowa 50266-3842] Administrative Office: [7700 Mills Civic Parkway, West Des Moines, Iowa 50266-3842] [1-800-800-9882]

FLEXIBLE PREMIUM ADJUSTABLE LIFE INSURANCE WITH INDEXED FEATURE

Death proceeds payable upon the death of the Insured. Flexible premiums payable until the Insured's age 121. Adjustable death benefit. Non-participating.

PAYMENT OPTION TABLE

Minimum monthly periodic payments for each \$1,000 of proceeds

		10 YEAR	
AGE	LIFE	CERTAIN & LIFE	
50	2.95	2.94	<u>.</u>
51	3.01	3.00	
52	3.07	3.06	
53	3.14	3.12	
54	3.20	3.19	
55	3.27	3.25	
56	3.35	3.33	
57	3.42	3.40	
58	3.51	3.48	
59	3.59	3.56	
60	3.69	3.65	
61	3.78	3.74	
62	3.89	3.84	
63	4.00	3.94	
64	4.12	4.05	
65	4.24	4.17	
66	4.37	4.29	
67	4.52	4.41	
68	4.67	4.54	
69	4.83	4.68	
70	5.00	4.83	
· 71	5.19	4.98	
72	5.39	5.14	
73	5.60	5.30	
74	5.82	5.47	
75	6.07	5.65	
76	6.33	5.83	
77	6.61	6.02	
78	6.91	6.21	
. 79	7.23	6.40	
80	7.58	6.60	
81	7.95	6.80	
82	8.35	6.99	
83	8.79	7.18	
84	9.26	7.37	
85	9.77	7.55	
86	10.32	7.72	
87	10.91	7.89	
88	11.55	8.04	
89	12.24	8.19	
90	12.98	8.32	
91	13.76	8.45	
92	14.59	8.56	
93	15.48	8.65	
94	16.46	8.73	
95	17.54	8.80	

This table is based on the Annuity 2000 Mortality Table projected for 20 years using 100% of Projection Scale G at 1.5% interest, compounded annually, assuming 50% of the payees are male and 50% of the payees are female. Guaranteed payments for ages not shown in the table are available upon request.

[POLICY DATA PAGE (continued)

POLICY NUMBER: [AVIVA] INSURED: [JOHN DOE]

TABLE OF MINIMUM DEATH BENEFITS

POLICY YEAR	ATTAINED AGE OF INSURED	PERCENTAGE OF ACCOUNT VALUE	POLICY YEAR	ATTAINED AGE OF INSURED	PERCENTAGE OF ACCOUNT VALUE
[1	35	489.02%	34	68	171.94%
2	36	472.17%	35	69	167.70%
3	37	455.91%	36	70	163.62%
4	38	440.21%	37	71	159.72%
5	39	425.10%	38	72	155.97%
6	40	410.54%	39	73	152.43%
7	41	396.50%	40	74	149.07%
8	42	383.00%	41	75	145.88%
9	43	370.04%	42	76	142.83%
10	44	357.60%	43	77	139.92%
11	45	345.67%	44	78	137.17%
12	46	334.24%	45	79	134.56%
13	47	323.26%	46	80	132.13%
14	48	312.73%	47	81	129.84%
15	49	302.54%	48	82	127.71%
16	50	292.69%	49	83	125.71%
17	51	283.19%	50	84	123.84%
18	52	274.06%	51	85	122.08%
19	53	265.30%	52	86	120.44%
20	54	256.89%	53	87	118.92%
21	55	248.86%	54	88	117.52%
22	56	241.21%	55	89	116.23%
23	57	233.91%	56	90	115.04%
24	58	226.93%	57	91	113.93%
25	59	220.22%	58	92	112.85%
26	60	213.77%	59	93	111.78%
27	61	207.60%	60	94	110.70%
28	62	201.71%	61	95	109.55%
29	63	196.11%	62	96	108.27%
30	64	190.80%	63	97	106.71%
31	65	185.75%	64	98	104.71%
32	66	180.94%	65	99	101.97%
33	67	176.35%	66	100 and older	101.97%]]

Form 2EFE11 Page 3E-CVAT



Aviva Life and Annuity Company

Home Office: [7700 Mills Civic Parkway, West Des Moines, Iowa 50266-3842]
Administrative Office: [7700 Mills Civic Parkway, West Des Moines, Iowa 50266-3842]

[1-800-800-9882]

NO LAPSE GUARANTEE RIDER (NLG)

(Attached to and made a part of this policy)

This Rider is added to and made a part of the policy to which it is attached. The benefit is subject to the provisions, terms and conditions of this Rider and the policy. This Rider is issued in consideration of the application received and payment of the cost for this Rider.

BENEFIT

This Rider provides a No Lapse Guarantee or lapse protection period that applies to the policy. Under this Rider, the policy will not terminate under the Grace Period and Lapse provisions of the policy if you meet the NLG values test. The NLG values test is satisfied if the NLG Value minus any outstanding policy loan(s) is greater than zero. This NLG values test must be satisfied on each monthly due date. If this test is not satisfied, this Rider will not prevent the Grace Period or Lapse provisions from applying. If at any monthly due date the NLG values test is not satisfied, and the net cash value is not sufficient to cover the current monthly deduction, the policy will enter the grace period and the Grace Period and Lapse provisions will apply.

However, if any outstanding policy loan(s) exceeds the cash value of the policy, the No Lapse Guarantee as described in the preceding paragraph does not apply and the Grace Period and Lapse provisions of this policy to which this Rider is attached will apply.

The lapse protection period or length of time the No Lapse Guarantee is available depends on the calculation of a NLG Value as defined in this Rider. Several provisions in this Rider explain the basis of that calculation. The NLG Value is used only for the purpose of determining whether the benefit under this Rider is available. It does not represent value that can be accessed by you. Further, these calculations do not affect the policy's Account Value or any other value described in the policy.

In general, the lapse protection period provided by this Rider is subject to change based on:

- a) Taking a policy loan or withdrawal;
- b) Changing the Face Amount:
- c) Changing the Death Benefit Option;
- d) Changing the Rate Class;
- e) Adding or deleting riders;
- f) Changing your premium payment amount; and
- g) When a premium payment is applied.

Form 2NLEFE11 Page 1

RIDER COST

The cost for this Rider is assessed monthly. This cost will be included in the monthly deduction from the policy Account Value and is not payable after this Rider is terminated. We calculate the monthly cost for this Rider as A \times ((B-C)/1000) where:

A is the Monthly Rider Charge per \$1,000 shown on the Policy Data Page for this Rider.

B is the death benefit of the base policy on the monthly due date, divided by the Interest Factor shown on the Policy Data Page.

C is the Account Value of the base policy on the monthly due date after deduction of the monthly expense charge, the monthly cost of additional benefits provided by rider, except for the No Lapse Guarantee Rider, and the monthly policy charge before deduction of the monthly cost of insurance.

NLG CALCULATION PROVISIONS

Various terms used in this section of this Rider are used solely for purposes of calculating the NLG Value. These terms include the NLG Premium, NLG Premium Reduction, NLG Monthly Expense Charge, NLG Premium Reduction Tier Factor, NLG Tier Amount, NLG Monthly Cost of Insurance, NLG Monthly Cost of Insurance Rates, NLG Net Amount At Risk, NLG Monthly Rider Charges, NLG Death Benefit, and NLG Interest Rate. None of these terms represent amounts actually available, credited or payable to you. Your policy specifies and governs the amounts available to you.

NLG VALUE

The NLG Value on the Policy Date is equal to:

- a) The premium paid, less the NLG Premium Reduction; less
- b) The NLG Monthly Expense Charge; less
- c) The NLG Monthly Rider Charges for the first policy month; less
- d) The NLG Monthly Cost of Insurance for the first policy month.

The NLG Value on a monthly due date is:

- a) The NLG Value on the preceding monthly due date; plus
- b) One month's interest on a), calculated using the NLG Interest Rate; plus
- c) Any NLG Premiums less the NLG Premium Reduction; plus
- d) Interest on c), calculated using the NLG Interest Rate, from the date of receipt to the monthly due date; less
- e) Any withdrawals made since the preceding monthly due date plus interest on those withdrawals calculated using the NLG Interest Rate; less
- f) The NLG Monthly Expense Charge; less
- g) The NLG Monthly Rider Charges for the current monthly due date; less
- h) The NLG Monthly Cost of Insurance for the current monthly due date.

The interest as described above will never be less than zero.

If any premium is received within 14 calendar days prior to a policy anniversary, we will deduct the NLG Premium Reduction effective on that upcoming policy anniversary in Item c) above.

The NLG Value at any time other than on a monthly due date will be calculated in a manner consistent with that described above.

NLG PREMIUM

The total NLG Premium paid includes:

- a) premiums paid for the policy; plus
- b) an amount equal to any reduction in the policy's current monthly cost of insurance charge and the current monthly term life insurance rider cost of insurance charge for any term riders on the life of the Insured declared as a wellness reward from a wellness rewards rider, if applicable; plus
- c) the Amount Specified credited under a waiver of specified premium rider, if applicable.

If within the NLG Exchange Period as shown on the Policy Data Page for this Rider but after the Policy Date, you add any amounts to this policy from any other life policy that you transfer to us and such transfer qualifies within Section 1035 of the Internal Revenue Code, those amounts will be treated as NLG Premium received as of the Policy Date for the purpose of calculating the NLG Value. All subsequent NLG Values up to the current monthly due date will then be recalculated.

NLG PREMIUM REDUCTION

The NLG Premium Reduction used in calculating the NLG Value is determined by multiplying the appropriate NLG Tier Amount by the corresponding NLG Tier Reduction Factor, then adding the results for all applicable tiers. There are four levels of NLG Tier Reduction Factors as shown on the Policy Data Page. The NLG Tier Reduction Factors are based on the Insured's issue age, policy duration, sex, rate class and the amount of NLG Premium paid.

There are four levels of NLG Tier Amounts. The NLG Tier Amounts are determined each policy year as follows:

Tier 1 Amount - total NLG Premiums paid for that policy year up to and including the NLG Tier 1 Maximum Premium.

Tier 2 Amount - total NLG Premiums paid for that policy year above the NLG Tier 1 Maximum Premium up to and including the NLG Tier 2 Maximum Premium.

Tier 3 Amount - total NLG Premiums paid for that policy year above the NLG Tier 2 Maximum Premium up to and including the NLG Tier 3 Maximum Premium.

Tier 4 Amount - total NLG Premiums paid for that policy year above the NLG Tier 3 Maximum Premium.

In the event of a change in the Face Amount, a corresponding change will be made to the NLG Tier Maximum Premiums.

NLG MONTHLY EXPENSE CHARGE

The NLG Monthly Expense Charge is used in the NLG Value calculation. The NLG Monthly Expense Charge is calculated by multiplying the NLG Monthly Expense Charge Rate per \$1,000, shown on the Policy Data Page, by the NLG Death Benefit.

NLG MONTHLY RIDER CHARGES

The NLG Monthly Rider Charges used in calculating the NLG Value for riders attached to the policy are equal to:

- a) Zero for this Rider, any term riders on the life of the Insured and any riders that do not have a monthly cost; plus
- b) The monthly costs as shown in the Table of NLG Monthly Rider Charges on the Policy Data Page for all other riders attached to the policy.

NLG MONTHLY COST OF INSURANCE

The NLG Monthly Cost of Insurance used in calculating the NLG Value is determined on each monthly due date and is calculated as follows:

- a) Calculate the NLG Net Amount At Risk by:
 - 1. Dividing the NLG Death Benefit on the monthly due date by 1.00165158; then
 - 2. Subtracting the NLG Value on the monthly due date before deduction of the NLG Monthly Cost of Insurance; then
- b) Divide the NLG Net Amount At Risk by 1,000; then
- c) Multiply the result of b) by the applicable NLG Monthly Cost of Insurance Rate.

The minimum NLG Net Amount At Risk is zero.

NLG MONTHLY COST OF INSURANCE RATES

The NLG Monthly Cost of Insurance Rates used in calculating the NLG Monthly Cost of Insurance are based on the Insured's issue age, policy duration, sex, current rate class and rating, if any. The NLG Monthly Cost of Insurance Rates are shown on the Policy Data Page for this Rider.

NLG DEATH BENEFIT

Under Death Benefit Option 1, the NLG Death Benefit is calculated by multiplying the NLG Face Amount by the NLG Face Amount Multiplier. The NLG Death Benefit is used in calculating the NLG Monthly Cost of Insurance and the NLG Monthly Expense Charge. The NLG Face Amount Multiplier used will vary based upon the NLG Face Amount. The NLG Face Amount is equal to the current policy Face Amount plus the current face amount of any term riders on the life of the Insured.

Under Death Benefit Option 2, the NLG Death Benefit is calculated by multiplying the NLG Face Amount by the NLG Face Amount Multiplier and then adding the NLG Value. The NLG Death Benefit is used in calculating the NLG Monthly Cost of Insurance and the NLG Monthly Expense Charge. The NLG Face Amount Multiplier used will vary based upon the NLG Face Amount. The NLG Face Amount is equal to the current policy Face Amount plus the current face amount of any term riders on the life of the Insured.

NLG INTEREST RATE

The NLG Interest Rate is the interest rate used in the NLG Value calculation. The NLG Interest Rate is based on the Insured's issue age, sex, rate class and death benefit option chosen on the policy and is shown on the Policy Data Page for this Rider.

GENERAL PROVISIONS

EFFECTIVE DATE

This Rider is effective on the Policy Date shown on the Policy Data Page. This Rider cannot be elected after the Policy Date.

GENERAL

While this Rider is in force, no transfers may be made into any fixed-term strategy as described in the policy.

TERMINATION

This Rider will terminate on the earliest of:

- a) The Expiry Date for this Rider noted on the Policy Data Page.
 - b) A termination as provided in the Restoration Period provision of this Rider.
 - c) The monthly due date following your written request to terminate this Rider.
 - d) Policy termination.
 - e) The effective date of the exercise of the Life Protector Paid Up Rider, if attached to your policy.

REINSTATEMENT

If the policy lapses and is reinstated, this Rider cannot be reinstated.

RESTORATION PERIOD

The continuation of this Rider requires that the NLG Value, less policy loans, not fall below zero for any five-year period. If the NLG Value minus any outstanding policy loan(s) remains at or below zero for 60 consecutive monthly due dates, this Rider will terminate. If the NLG Value minus any outstanding policy loan(s) exceeds zero at any monthly due date within such five-year period, then this Rider will be deemed restored. A new five-year restoration period will begin at any subsequent monthly due date at which the NLG Value minus any outstanding policy loan(s) equals or is below zero.

Michael H. Miller Secretary

Malle

Form 2NLEFE11

SERFF Tracking Number: NDPL-127012007 State: Arkansas
Filing Company: Aviva Life and Annuity Company State Tracking Number: 48154

Company Tracking Number: 2EFE11

TOI: L091 Individual Life - Flexible Premium Sub-TOI: L091.001 Single Life

Adjustable Life

Product Name: 2EFE11

Project Name/Number: 2EFE11/2EFE11

Supporting Document Schedules

Item Status: Status

Date:

Satisfied - Item: Flesch Certification

Comments: Attachment:

AR Readability Cert.pdf

Item Status: Status

Date:

Satisfied - Item: Application

Comments:

Application Form 14530 2/07, approved by your Department on 8/28/06, will be used to apply for this product.

Attachment:

14530.pdf

Item Status: Status

Date:

Satisfied - Item: Certifications

Comments: Attachments: AR Reg 19 cert.pdf

AR Reg 34 cert.pdf AR Reg 49 cert.pdf

Item Status: Status

Date:

Satisfied - Item: List of Forms Affected by NLG

Monthly Rider Charges Provision

Comments:

Attachment:

List of Forms Affected by NLG - AR.pdf

SERFF Tracking Number: NDPL-127012007 State: Arkansas

Filing Company: Aviva Life and Annuity Company State Tracking Number: 48154

Company Tracking Number: 2EFE11

TOI: L091 Individual Life - Flexible Premium Sub-TOI: L091.001 Single Life

Adjustable Life

Product Name: 2EFE11

Project Name/Number: 2EFE11/2EFE11

Item Status: Status

Date:

Satisfied - Item: Guaranteed COIs

Comments: Attachment:

Guaranteed COIs.pdf

Item Status: Status

Date:

Satisfied - Item: Explanation of Variability

Comments:

Attachment:

AR ABIV-NLG EOV.pdf

ARKANSAS READABILITY CERTIFICATION

This is to certify that the following forms have achieved a Flesch Reading Ease Score of as indicated below and comply with the requirements of Arkansas Statute Ann. 66-3251 through 66-3258, cited as the Life and Disability Insurance Policy Language Simplification Act.

FORM NUMBER AND NAME	FLESCH SCORE
Form 2EFE11 – Flexible Premium Adjustable Life Insurance With Indexed Feature	50.1
Form 2NLEFE11-No Lapse Guarantee Rider (NLG)	50.2

Aviva Life and Annuity Company

Chris Guttin
ASA / Vice President-Product Operations

<u>02/28/2011</u> Date Aviva Life and Annuity Company Home Office: Des Moines, IA

Mailing Address: P.O. Box 1555

Des Moines, IA 50306-1555 Fax: 1-800/531-0038

AGENT CODE #

Application for Insurance

APPLICANT INFORMATION	cu uoove.j			
1. PROPOSED INSURED Name (First, Middle, Last)			Is Insu	ured also the Owner? ☐ Yes ☐ No
Address	E.	-Mail:		
City	H	ome Ph. ()		_ Bus. Ph. ()
State Zip	G	ender □ M □ F	Maiden Nam	e
Birth Date Birth State	So	ocial Security Num	ber	
Marital Status \square Married \square Single \square Divorced or Separated \square	Widow or Wido	wer U.S. Citizen?	☐ Yes ☐ No	Permanent Resident? \square Yes \square No
Driver's License # State	ls	sue Date	E	xpiry Date
Or, if you do not have a driver's license, other government issue	ed photo ID: Do	ocument Type		
Document # Where Issued	ls:	sue Date	E	xpiry Date
Employer	Ho	ow Long?	Occupation/D	Outies
Annual earned income \$ Annual une If multiple life product, (2nd app required for multiple life)	arned income \$	<u> </u>	Net	worth \$
Joint Insured Names: (1st):	(2	nd):		
2. OWNER (If different from Proposed Insured) $\ \square$ Individual $\ \square$ B	Business 🗆 Tru	st (date of trust) _		
Name (Owner, Business or Trustee)			Birth Date	
If trust, name of trust				
Address	City			State Zip
Relationship to Proposed InsuredOwner's or Trustee's personal driver's license # or other govern				
Document Type Document #	_ Where Issued		Issue Date	e Expiry Date
Contingent Owner (If none specified, policy provisions will app Driver's License # or other government issued photo ID docume	• /			
Document Type Document #	_ Where Issued	I	Issue Date	e Expiry Date
Mail notices to ☐ Insured ☐ Owner ☐ Other (specify)				
				State Zip
Tax Qualification Type ☐ Qualified Plan: Type:☐ Profit Sharing Plan ☐ 401(k) ☐ 412(i) ☐ Other Defined Benefit	Type:□	Alified Plan: Welfare Benefit Pl single employe multiple emplo VEBA Deferred Comp Split Dollar Executive Bonus Other	an: •r	leither
3. PRIMARY BENEFICIARY(IES) - Applies to primary insured only (If necessary, use an additional page for additional details, sign	y. (If trust, comp	lete name and dat	e of trust.)	
Print Full Name 4. CONTINGENT BENEFICIARY(IES)	Birth Date	Relationship	Percentage	Social Security # or Taxpayer ID #
Print Full Name	Birth Date	Relationship	Percentage	Social Security # or Taxpayer ID #

	POLICY INFORMATION						
5.	PRIMARY INSURED	☐ Nonsmoker/Nont	obacco	☐ Smoker/Tobacco			
	Base Plan	Amt. of Ins. \$					
	Additional Coverage	Amt. of Ins. \$			Premium	\$	
	Additional Coverage	Amt. of Ins. \$			Premium	\$	
	Riders (Complete Supplemental Application if a	,					
	☐ Waiver Type	☐ Other Riders (Typ	e/Amou	nt):			
	☐ Spouse Rider \$ ☐ Ch						
6.	UL Death Benefit Option: ☐ Level ☐ Increas	· ·					
	Premium Direction/Interest Crediting Strate	•				•	•
	1 Year Monthly Cap% 1 Year Averag		5 Year F	ixed Term% 1 Ye	ar Fixed Term	1%	%
_	Levelized Strategy Transfer Yes N		/: f :	Ishla) 🗆 Vaa 🗆 Na			
_	WHOLE LIFE APL (If applicable) ☐ Yes ☐	No Direct Recognitio	n (ır avaı	lable) □ Yes □ No			
	PREMIUM INFORMATION						
8.	PREMIUM Planned Premium \$	Add	ditional F	Premium (Lump Sum) \$			
	Billing Frequency Annual	🛘 Semi-Annual 🔲 Quart	erly 🗆	PAC (Complete Authori	zation) 🗆 C	ther	
	☐ Govt. Allotment (if available)	☐ Group Bill Group Bi	ill #				
	Has the premium for the policy a	pplied for been given to th	e agent	? □ Yes □ No Ar	nount \$		
	How Paid? ☐ Check ☐ Othe	er (specify)					
	Additional Policy Specifications						
	Policy Date (optional)	Other					
9.	Are you financing or refinancing a mortgage						
	financing strategy in connection with the pu				irance policy	/?	□ Yes □ No
10	(If yes, please review and acknowledge by sign D. Will you borrow money to pay the premiums	0 0	•	,	iume for you	in roturn fo	r vou secianina
10	part of or all of the policy values to someone						
	Applicant Acknowledgement and Disclosure St		(II yes,	piease review and ackir	owieuge by s	griirig tile Fre	illiulii i illancing
	· · · · · · · · · · · · · · · · · · ·						
	NON-MEDICAL INFORMATION	UDED					
11	I. INSURANCE IN FORCE ON PROPOSED INS a. Are any life insurance or annuity contracts in						□ Voc □ No
	If yes, complete section below. (Attach separ						L 165 L 110
	Company	Amount	\MP 2	Personal/Business	Vaar Issuad	Replacing 2	Amount ADB
	Company	Amount	VVI :	i ersonai/business	Teal Issued	replacing :	AmountADD
	b. Will any annuity or life insurance presently or						
	c. Have you ever been declined, rated, or had o						
40	 d. Within the last year, has any other life, health 2. OTHER NON-MEDICAL INFORMATION 	for long term care insurar	ice beer	i issued or applied for, o	r is any to be	applied for ? .	∟ tes ∟ No
14	a. Do you use any form of tobacco or nicotine b	agend producte?					□ Voc □ No
	If no, have you used any form of tobacco or r						
	If yes, when did you last use tobacco or nicot						
	b. Have you engaged in the last 3 years, or do	you intend within the next	12 mont	hs to engage:			
	1. In any aviation activity other than as a pas						
	2. In ballooning, gliding, boat or vehicle racin						
	hazardous sport or activity?						
	c. Within the last 5 years, have you filed for ban						∟ Yes ∟ No
	d. Within the last 5 years, have you been charg moving violations, or had your driver's licens						□ Voc □ No
		e revokeu or susperided,		reu a wanninu iellei (. .			165 100
	6 H3//6 //ULI D66D arrested for an illegal activity as	couired a criminal record of	r are voi				
	e. Have you been arrested for an illegal activity, at			currently on probation, p	arole, or unde	r investigation	? . \square Yes \square No
	f. Are you a member of or do you contemplate	joining one of the Armed I	Forces o	ı currently on probation, p r an active or reserve m	arole, or unde ilitary unit? .	r investigation	? . □ Yes □ No □ Yes □ No
		joining one of the Armed I ou intend to travel or live	Forces o outside t	currently on probation, propartion, properties on active or reserve manded the United States or Car	arole, or unde ilitary unit? nada?	r investigation	?.



13. PHYSICIAN INFORMATION a. Name, address and phone # of your doctor(s) or health care provider(s): b. When did you tast consult a doctor and why? c. What medication(s) (prescribed or over the counter) are you now taking? (If none, so state)		omplete details of a	•		. ,	ary, use an a	dditional pa	ige for ad	ditional de	etails, signed by the applicant and
a. Name, address and phone # of your doctor(s) or health care provider(s): Description Descript	13. PH	YSICIAN INFORM	ATION							
C. What medication(s) (prescribed or over the counter) are you now taking? (If none, so state) MEDICAL INFORMATION If medical exam is required, questions 14-17 do not need to be completed.				# of your	doctor(s) or health care provider((s):				
MEDICAL INFORMATION If medical exam is required, questions 14-17 do not need to be completed. 14. PROPOSED INSURED a. Height in shoes	b.	When did you last	consult a	doctor a	nd why?					
4. PROPOSED INSURED a. Height in shoes	C.	What medication(s) (prescr	ibed or o	ver the counter) are you now takin	ng? (If none	, so state) _			
4. PROPOSED INSURED a. Height in shoes	MED	ICAL INFORM	IATION	If med	ical exam is required, que	stions 14	-17 do no	ot need	to be c	ompleted.
a. Height in shoes feet inches b. Have you gained or lost more than 10 pounds in the last year?					[······					
b. Have you gained or lost more than 10 pounds in the last year? c. Are you now under observation or treatment? d. Have you ever been diagnosed by a medical professional as having or been treated for AIDS or ARC (AIDS-related complex)? Yes No. Have you ever been diagnosed by a medical professional as having or been treated for AIDS or ARC (AIDS-related complex)? Yes No. Have you ever requested or received a benefit, millary deferment, discharge or rejection, payment or pension because of a disability, injury, or sickness? Yes No. Have you ever requested or received a benefit, millary deferment, discharge or rejection, payment or pension because of a disability, injury, or sickness? Yes No. Have You EVER HAD OR HAVE SYMPTOMS OF OR BEEN TREATED FOR: a. Disease of the heart or circulatory system, including high blood pressure, heart attack, coronary artery disease, or chest pain? Yes No. b. Heart murmur, rhythm abnormality, heart catheterization, echocardiogram or an exercise treadmill test? Yes No. b. Heart murmur, rhythm abnormality, heart catheterization, echocardiogram or an exercise treadmill test? Yes No. d. Diabetes, thyroid, glandular or endocrinal disorder? Yes No. d. Diabetes, thyroid, glandular or endocrinal disorder? Yes No. f. Disorder of the sitomach, liver, pancreas or intestinal tract, including ulcerative colitis, Crohn's disease, or cirrhosis? Yes No. f. Disorder of the kidneys, prostate, bladder, reproductive organs, sexually transmitted diseases, sugar, albumin or blood in urine? Yes No. h. Stroke, transient ischemic attack (TIA), Parkinson's, multiple sclerosis, seizures, epilepsy, chronic headaches, memory changes or fainting? Armsien's family parkinson's multiple sclerosis, seizures, epilepsy, chronic headaches, memory changes or fainting? Yes No. j. Anxiety, depression, attempted suicide, attention deficit disorder or psychosis, mental or nervous system disorder? Yes No. j. Anxiety, depression, attempted suicide, attention deficit dis					Weight in clothes					
c. Are you now under observation or treatment? d. Have you ever been diagnosed by a medical professional as having or been treated for AIDS or ARC (AIDS-related complex)? e. Have you ever requested or received a benefit, military deferment, discharge or rejection, payment or pension because of a disability, injury, or sickness? 15. HAVE YOU EVER HAD OR HAVE SYMPTOMS OF OR BEEN TREATED FOR: a. Disease of the heart or circulatory system, including high blood pressure, heart attack, coronary artery disease, or chest pain? b. Heart murmur, rhythm abnormality, heart catheterization, echocardiogram or an exercise treadmill test? c. Cancer, tumors, lymphoma, leukemia, or any growths, lesions, polyps? c. Bespiratory disorders including asthma, chronic bronchitis, emphysema, pneumonia, shortness of breath, or abnormal chest x-ray? g. Bisorder of the stomach, liver, pancreas or intestinal tract, including ulcerative colitis, Crohn's disease, or circulating ablumin or blood in urine? h. Stroke, transient ischemic attack (TIA), Parkinson's, multiple sclerosis, seizures, epilepsy, chronic headaches, memory changes or fainting? i. Anxiety, depression, attempted suicide, attention deficit disorder or psychosis, mental or nervous system disorder? j. Anmenia, hepatitis, or any blood disorder? j. Anmenia, hepatitis, or any blood disorder? j. Ansenia, hepatitis, or any blood disorder? j. Ansenia, hepatitis, or any blood disorder? j. Anxiety, depression, attempted suicide, attention deficit disorder or psychosis, mental or nervous system disorder? j. Ansenia, hepatitis, or any blood disorder? j. Anxiety depression, attempted suicide, attention deficit disorder or psychosis, mental or nervous system disorder? j. Anxiety, depression, attempted suicide, attention deficit disorder or psychosis, mental or nervous system disorder? j. Ves No. j. Anxiety, depression, attempted suicide, attention deficit disorder or psychosis, mental or nervous system disorder? j. Ves No. j. Anxiety, depression, attempted suicide,			feet	inch	es p	oounds				
d. Have you ever been diagnosed by a medical professional as having or been treated for AIDS or ARC (AIDS-related complex)?										
e. Have you ever tested positive for antibodies to the AIDS Human T-Cell Lymphotropic (HIV) virus? Yes No. f. Have you ever requested or received a benefit, military deferment, discharge or rejection, payment or pension because of a disability, injury, or sickness? Yes No. f. NAWE YOU EVER HAD OR HAVE SYMPTOMS OF OR BEEN TREATED FOR: a. Disease of the heart or circulatory system, including high blood pressure, heart attack, coronary artery disease, or chest pain? Yes No. f. C. Cancer, tumors, lymphoma, leukemia, or any growths, lesions, polyps? Yes No. f. Disorder of trumors, lymphoma, leukemia, or any growths, lesions, polyps? Yes No. f. Disorder of the stomach, liver, pancreas or intestinal tract, including ulcerative colitis. Crohn's disease, or cirrhosis? Yes No. f. Disorder of the stomach, liver, pancreas or intestinal tract, including ulcerative colitis. Crohn's disease, or cirrhosis? Yes No. g. Disorder of the kidneys, prostate, bladder, reproductive organs, sexually transmitted diseases, sugar, albumin or blood in urine? Yes No. f. No. f	C	Are you now unde	r observa	tion or tre	eatment?					□ Yes □ No
f. Have you ever requested or received a benefit, military deferment, discharge or rejection, payment or pension because of a disability, injury, or sickness? 15. HAVE YOU EVER HAD OR HAVE SYMPTOMS OF OR BEEN TREATED FOR: a. Disease of the heart or circulatory system, including high blood pressure, heart attack, coronary artery disease, or chest pain? Yes No	d.	Have you ever be	en diagno	sed by a	medical professional as having o	r been treat	ed for AIDS	or ARC (AIDS-rela	ated complex)? ⊔ Yes ⊔ No
because of a disability, injury, or sickness? a. Disease of the heart or circulatory system, including high blood pressure, heart attack, coronary artery disease, or chest pain? Yes No. b. Heart murmur, rhythm abnormality, heart catheterization, echocardiogram or an exercise treadmill test? Yes No. c. Cancer, tumors, lymphoma, leukemin, or any growths, lesions, polyps? Yes No. d. Diabetes, thyroid, glandular or endocrinal disorder? Yes No. d. Diabetes, thyroid, glandular or endocrinal disorder? Yes No. d. Diabetes, thyroid, glandular or endocrinal disorder? Yes No. d. Diabetes, thyroid, glandular or endocrinal disorder? Yes No. d. Disorder of the stomach, liver, pancrease or intestinal tract, including ulcerative colitis, Crohn's disease, or cirrhosis? Yes No. d. Disorder of the kidneys, prostate, bladder, reproductive organs, sexually transmitted diseases, sugar, albumin or blood in urine? Yes No. d. Stroke, transient ischemic attack (TIA), Parkinson's, multiple sclerosis, seizures, epilepsy, chronic headaches, memory changes or fainting? Yes No. d. Anxiety, depression, attempted suicide, attention deficit disorder or psychosis, mental or nervous system disorder? Yes No. d. Anxiety, depression, attempted suicide, attention deficit disorder or psychosis, mental or nervous system disorder? Yes No. d. Anxiety, depression, attempted suicide, attention deficit disorder or psychosis, mental or nervous system disorder? Yes No. d. Anxiety, depression, attempted suicide, attention deficit disorder or psychosis, mental or nervous system disorder? Yes No. d. Chronic back pain, arthritis, loss of limb, paralysis, muscle weakness or disease? Yes No. d. Within The LAST FIVE YEARS, OTHER THAN AS NOTED ABOVE, HAVE YOU: a. Seen a doctor, health care provider, counselor, therapist, or had any diagnostic test that was not normal? Yes No. d. Degretation of a clinic or hospital emergency or treat	e. f	Have you ever tes	stea positi	ve for ant	IDODIES TO THE AIDS HUMAN I-CE	II Lympnotro	pic (HIV) VI	rus?		⊔ Yes ⊔ No
15. HAVE YOU EVER HAD OR HAVE SYMPTOMS OF OR BEEN TREATED FOR: a. Disease of the heart or circulatory system, including high blood pressure, heart attack, coronary artery disease, or chest pain? Yes No. b. Heart murmur, rhythm abnormality, heart catheterization, echocardiogram or an exercise treadmill test? Yes No. c. Cancer, tumors, lymphoma, leukemia, or any growths, lesions, polyps? Yes No. d. Diabetes, thyroid, glandular or endocrinal disorder? Yes No. d. Diabetes including asthma, chronic bronchitis, emphysema, pneumonia, shortness of breath, or abnormal chest x-ray? Yes No. f. Disorder of the stomach, liver, pancreas or intestinal tract, including ulcerative colitis, Crohn's disease, or crimosis? Yes No. g. Disorder of the kidneys, prostate, bladder, reproductive organs, sexually transmitted diseases, sugar, albumin or blood in urine? Yes No. h. Stroke, transient ischemic attack (TIA), Parkinson's, multiple sclerosis, seizures, epilepsy, chronic headaches, memory changes or fainting? Yes No. h. Anxiety, depression, attempted suicide, attention deficit disorder or psychosis, mental or nervous system disorder? Yes No. h. Anxiety, depression, attempted suicide, attention deficit disorder or psychosis, mental or nervous system disorder? Yes No. h. Anxiety, depression, attempted suicide, attention deficit disorder or psychosis, mental or nervous system disorder? Yes No. h. Anxiety, depression, attempted suicide, attention deficit disorder or psychosis, mental or nervous system disorder? Yes No. h. Anxiety, depression, attempted suicide, attention deficit disorder or psychosis, mental or nervous system disorder? Yes No. h. Anxiety, depression, attempted suicide, attention deficit disorder or psychosis, mental or nervous system disorder? Yes No. h. Anxiety, depression, attempted suicide, attention deficit disorder or psychosis, mental or nervous system disorder? Yes No. h. Anxiety, Verson, Verson, Verson, V	1.	have you ever red hacausa of a disal	juesteu oi hility initur	v or sick	na beneni, military delemient, dis	scharge or n	ejection, pa	yment or	pension	□ Ves □ No
a. Disease of the heart or circulatory system, including high blood pressure, heart attack, coronary artery disease, or chest pain?										
b. Heart murmur, rhythm abnormality, heart catheterization, echocardiogram or an exercise treadmill test? Yes No c. Cancer, tumors, lymphoma, leukemia, or any growths, lesions, polyps? Yes No d. Diabetes, thyroid, glandular or endocrinal disorder? Yes No e. Respiratory disorders including asthma, chronic bronchitis, emphysema, pneumonia, shortness of breath, or abnormal chest x-ray? Yes No f. Disorder of the stomach, liver, pancreas or intestinal tract, including ulcerative colitis. Croin's disease, or cirrhosis? Yes No g. Disorder of the kidneys, prostate, bladder, reproductive organs, sexually transmitted diseases, sugar, albumin or blood in urine? Yes No g. Disorder of the kidneys, prostate, bladder, reproductive organs, sexually transmitted diseases, sugar, albumin or blood in urine? Yes No g. Disorder of the kidneys, prostate, bladder, reproductive organs, sexually transmitted diseases, sugar, albumin or blood in urine? Yes No g. Disorder of the kidneys, prostate, bladder, reproductive organs, sexually transmitted diseases, sugar, albumin or blood in urine? Yes No g. Disorder of the kidneys, prostate, bladder, reproductive organs, sexually transmitted diseases, sugar, albumin or blood in urine? Yes No g. Disorder of the kidneys, prostate, bladder, reproductive organs, sexually transmitted diseases, sugar, albumin or blood in urine? Yes No g. Disorder of the kidneys, prostate, bladder, reproductive organs, sexually transmitted diseases, sugar, albumin or blood in urine? Yes No g. Disorder of the kidneys, prostate, bladder, reproductive organs, sexually transmitted diseases, sugar, albumin or blood in urine? Yes No g. Disorder of the kidneys, prostate, bladder, productive organs, sexually transmitted diseases, sugar, albumin or blood in urine? Yes No g. Disorder of the kidneys, prostate, bladder, productive organs, sexually transmitted diseases, sugar, albumin or blood in urine? Yes No g. Disorder of the kidneys prostate, productive organs, sexually							tack coron:	arv arterv	disease	or chest pain? ☐ Yes ☐ No
c. Cancer, tumors, lymphoma, leukemia, or any growths, lesions, polyps? Yes No d. Diabetes, thyroid, glandular or endocrinal disorder? Yes No e. Respiratory disorders including asthma, chronic bronchitis, emphysema, pneumonia, shortness of breath, or abnormal chest x-ray? Yes No f. Disorder of the stomach, liver, pancreas or intestinal tract, including ulcerative colitis, Crohn's disease, or cirrhosis? Yes No g. Disorder of the kidneys, prostate, bladder, reproductive organs, sexually transmitted diseases, sugar, albumin or blood in urine? Yes No h. Stroke, transient ischemic attack (TIA), Parkinson's, multiple sclerosis, seizures, epilepsy, chronic headaches, memory changes or fainting? Yes No h. Anxiety, depression, attempted suicide, attention deficit disorder or psychosis, mental or nervous system disorder? Yes No j. Anemia, hepatitis, or any blood disorder? Yes No j. Anemia, hepatitis, or any blood disorder? Yes No j. Anemia, hepatitis, or any blood disorder? Yes No j. Anemia, hepatitis, or any blood disorder? Yes No j. Anemia, hepatitis, or any blood disorder? Yes No j. Anemia, hepatitis, or any blood disorder? Yes No j. Anemia, hepatitis, or any blood disorder? Yes No j. Anemia, hepatitis, or any blood disorder? Yes No j. Anemia, hepatitis, or any blood disorder? Yes No j. Anemia, hepatitis, or any blood disorder? Yes No j. Anemia, hepatitis, or any blood disorder? Yes No j. Anemia, hepatitis, or any blood disorder? Yes No j. Anemia, hepatitis, or any blood disorder? Yes No j. Anemia, hepatitis, or any blood disorder? Yes No j. Anemia, hepatitis, or any blood disorder? Yes No j. Anemia, hepatitis, or any blood disorder? Yes No j. Anemia, hepatitis, or any blood disorder Yes No j. Anemia, hepatitis, hepati	b.	Heart murmur. rhv	thm abno	rmality. h	eart catheterization, echocardion	ram or an e	xercise trea	idmill test	?	Yes No
d. Diabetes, thyroid, glandular or endocrinal disorder? e. Respiratory disorders including asthma, chronic bronchitis, emphysema, pneumonia, shortness of breath, or abnormal chest x-ray? yes No Disorder of the stomach, liver, pancreas or intestinal tract, including ulcerative colitis, Crohn's disease, or cirrhosis? yes No Disorder of the kidneys, prostate, bladder, reproductive organs, sexually transmitted diseases, sugar, albumin or blood in urine? yes No No Disorder of the kidneys, prostate, bladder, reproductive organs, sexually transmitted diseases, sugar, albumin or blood in urine? yes No No Disorder of the kidneys, prostate, bladder, reproductive organs, sexually transmitted diseases, sugar, albumin or blood in urine? yes No No Disorder of the kidneys, prostate, bladder, reproductive organs, sexually transmitted diseases, sugar, albumin or blood in urine? yes No No Disorder of the kidneys, prostate, bladder, reproductive organs, sexually transmitted diseases, sugar, albumin or blood in urine? yes No No Disorder of the kidneys, prostate, bladder, reproductive organs, sexually transmitted diseases, sugar, albumin or blood in urine? yes No No Disorder of the kidneys, prostate, bladder, reproductive organs, sexually transmitted diseases, sugar, albumin or blood in urine? yes No No Disorder of the kidneys, prostate, bladder, reproductive organs, sexually transmitted diseases, sugar, albumin or blood in urine? yes No No Disorder of the stincher, liveral transmitted diseases, sugar, albumin or blood in urine? yes No No Disorder of the stincher, liveral transmitted diseases, or any hereditary disorders? yes No No Disorder of the stincher, liveral transmitted disease, and phone Number of Doctor / No Disorder of the stincher, liveral transmitted disease, and Phone Number of Doctor / Name, Address and Phone Number of Doctor /										
f. Disorder of the stomach, liver, pancreas or intestinal tract, including ulcerative colitis, Crohn's disease, or cirrhosis?										
g. Disorder of the kidneys, prostate, bladder, reproductive organs, sexually transmitted diseases, sugar, albumin or blood in urine?										
h. Stroke, transient ischemic attack (TIA), Parkinson's, multiple sclerosis, seizures, epilepsy, chronic headaches, memory changes or fainting?										
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i. Anxiety, depression, attempted suicide, attention deficit disorder or psychosis, mental or nervous system disorder?				ttack (TI	A), Parkinson's, multiple sclerosis	s, seizures,				
j. Anemia, hepatitis, or any blood disorder? k. Chronic back pain, arthritis, loss of limb, paralysis, muscle weakness or disease? 16. WITHIN THE LAST FIVE YEARS, OTHER THAN AS NOTED ABOVE, HAVE YOU: a. Seen a doctor, health care provider, counselor, therapist, or had any illness, injury, surgery, diagnostic test or treatment, or been advised to have any diagnostic test, surgery or treatment not yet completed? b. Been a patient of a clinic or hospital emergency room, or had any diagnostic test that was not normal? c. Used any drug, narcotic or controlled substance not prescribed by a physician, or been arrested, counseled, treated, or participated in a support group because of alcohol, controlled substance or drug use? d. Do you currently use alcoholic beverages? lf yes, what is the average number of drinks per day? 2 or less 3-5 6 or more. 17. FAMILY HISTORY a. Is there a family history of diabetes, cancer, heart disease, mental illness, or any hereditary disorders? Family Information (natural parents, brothers, sisters): Family Member Age if Age at Death Cause of Death Mother Brother(s) Give complete details of any YES answers to questions 14 through 17. (If necessary, use an additional page for additional details, signed by the applicant & dated.) Question Date Details Include Diagnosis Treatment Duration Result Name, Address and Phone Number of Doctor /		or fainting?								Yes □ No
k. Chronic back pain, arthritis, loss of limb, paralysis, muscle weakness or disease?										
16. WITHIN THE LAST FIVE YEARS, OTHER THAN AS NOTED ABOVE, HAVE YOU: a. Seen a doctor, health care provider, counselor, therapist, or had any illness, injury, surgery, diagnostic test or treatment, or been advised to have any diagnostic test, surgery or treatment not yet completed? b. Been a patient of a clinic or hospital emergency room, or had any diagnostic test that was not normal? c. Used any drug, narcotic or controlled substance not prescribed by a physician, or been arrested, counseled, treated, or participated in a support group because of alcohol, controlled substance or drug use? d. Do you currently use alcoholic beverages? lf yes, what is the average number of drinks per day? 2 or less 3-5 6 or more. 17. FAMILY HISTORY a. Is there a family history of diabetes, cancer, heart disease, mental illness, or any hereditary disorders? b. Family information (natural parents, brothers, sisters): Family Member Age if Age at Living Death Cause of Death Mother Brother(s) Give complete details of any YES answers to questions 14 through 17. (If necessary, use an additional page for additional details, signed by the applicant & dated.) Question Deta Details Include Diagnosis Treatment Duration Result Name, Address and Phone Number of Doctor /	j.	Anemia, hepatitis,	or any blo	ood disor	der?					Yes 🗆 No
a. Seen a doctor, health care provider, counselor, therapist, or had any illness, injury, surgery, diagnostic test or treatment, or been advised to have any diagnostic test, surgery or treatment not yet completed?										Yes □ No
advised to have any diagnostic test, surgery or treatment not yet completed?										
b. Been a patient of a clinic or hospital emergency room, or had any diagnostic test that was not normal?										
c. Used any drug, narcotic or controlled substance not prescribed by a physician, or been arrested, counseled, treated, or participated in a support group because of alcohol, controlled substance or drug use?										
participated in a support group because of alcohol, controlled substance or drug use?										
d. Do you currently use alcoholic beverages?										
a. Is there a family history of diabetes, cancer, heart disease, mental illness, or any hereditary disorders?										
a. Is there a family history of diabetes, cancer, heart disease, mental illness, or any hereditary disorders?	u.	If ves. what is the	average r	number o	f drinks per day?	 □ 3-5 □ 6	or more.			
a. Is there a family history of diabetes, cancer, heart disease, mental illness, or any hereditary disorders?					p,					
b. Family information (natural parents, brothers, sisters): Family Member Age if Living Death Cause of Death Family Member Age if Living Death Cause of Death Family Member Age if Living Death Cause of Death Mother Sister(s) Sister(s) Give complete details of any YES answers to questions 14 through 17. (If necessary, use an additional page for additional details, signed by the applicant & dated.) Question Data Details Include Diagnosis Treatment Duration Poscult Name, Address and Phone Number of Doctor /			istory of d	iabetes, d	cancer, heart disease, mental illne	ess, or any	nereditary d	isorders?		
Family Member Living Death Cause of Death Mother Mother Sister(s) Give complete details of any YES answers to questions 14 through 17. (If necessary, use an additional page for additional details, signed by the applicant & dated.) Question Date Details Include Diagnosis Treatment Duration Popular Name, Address and Phone Number of Doctor /	b.	Family information	n (natural	parents, l	prothers, sisters):	•	•			
Family Member Living Death Cause of Death Mother Mother Sister(s) Give complete details of any YES answers to questions 14 through 17. (If necessary, use an additional page for additional details, signed by the applicant & dated.) Question Date Details Include Diagnosis Treatment Duration Popular Name, Address and Phone Number of Doctor /			Δαe if	Δne at				Δαe if	Δne at	
Father Brother(s) Give complete details of any YES answers to questions 14 through 17. (If necessary, use an additional page for additional details, signed by the applicant & dated.) Question Data Details Include Diagnosis Treatment Duration Possult Name, Address and Phone Number of Doctor /		Family Member	_	_	Cause of Death	Fami	y Member		-	Cause of Death
Brother(s) Give complete details of any YES answers to questions 14 through 17. (If necessary, use an additional page for additional details, signed by the applicant & dated.) Question Data Details Include Diagnosis Treatment Duration Possult Name, Address and Phone Number of Doctor /			Living	Dealii		_		Living	Dealii	
Give complete details of any YES answers to questions 14 through 17. (If necessary, use an additional page for additional details, signed by the applicant & dated.) Question Data Details Include Diagnosis Treatment Duration Possult Name, Address and Phone Number of Doctor /		Father					/lother			
Give complete details of any YES answers to questions 14 through 17. (If necessary, use an additional page for additional details, signed by the applicant & dated.) Question Data Details Include Diagnosis Treatment Duration Possult Name, Address and Phone Number of Doctor /		D (1 ()				\dashv				
applicant & dated.) Question		Brother(s)				S	ster(s)			
Question Data Details Include Diagnosis Treatment Duration Popult Name, Address and Phone Number of Doctor /			any YES	answers	to questions 14 through 17. (If ne	ecessary, us	e an additio	nal page	for additi	onal details, signed by the
Number Details, Include Diagnosis, Treatment, Duration, Result Medical Facility							N I	ama Ada	drace and	Phone Number of Doctor /
	Numb	er Date	Deta	ils, Includ	le Diagnosis, Treatment, Duratior	n, Result	IN IN	arrie, Auc	Med	ical Facility

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit, or knowingly presents false information in an application for insurance may be guilty of a crime and subject to fines and confinement in prison, depending on state law.



TAXPAYER IDENTIFICATION

Instructions (Section references are to the Internal Revenue Code.)

Use this form to report the taxpayer identification number (TIN) of the **policy owner**.

Payors must generally withhold a specified percentage of taxable interest, dividend, and certain other payments if you fail to furnish payors with the correct taxpayer identification number (this is referred to as backup withholding). For most individual taxpayers, the taxpayer identification number is the social security number.

To prevent backup withholding on these payments, be sure to notify payors of the correct taxpayer identification number and properly certify that you are not subject to backup withholding under Section 3406(a)(1)(C).

Use this area to certify that the taxpayer identification number you are giving the payor is correct and that you are not subject to backup withholding.

Backup Withholding - You are subject to backup withholding if:

- (1) You fail to furnish your taxpayer identification number to the payor; OR
- (2) The Internal Revenue Service (IRS) notifies the payor that you furnished an incorrect taxpayer identification number; OR
- (3) You are notified that you are subject to backup withholding [under Section 3406(a)(1)(C)]; OR
- (4) For an interest or dividend account opened after December 31, 1983, you fail to certify to the payor that you are not subject to backup withholding under (3) above, or fail to certify your taxpayer identification number.

Payees Exempt From Backup Withholding - Certain payees, such as corporations, government agencies, etc. may be exempt from backup withholding. What Number to Give the Payor - Give the social security number or employer identification number of the record owner of the account. If the account belongs to you as an individual, give your social security number. If the account is owned by a corporation, give the employer identification number of the

corporation.

Obtaining a Number - If you don't have a taxpayer identification number or you don't know your number, obtain Form SS-5, Application for a Social

Obtaining a Number - If you don't have a taxpayer identification number or you don't know your number, obtain **Form SS-5**, Application for a Social Security Number Card, or **Form SS-4**, Application for Employer Identification Number, at the local office of the Social Security Administration or the Internal Revenue Service and apply for a number. Write "applied for" in place of your number. When you get a number, submit a new Form W-9 to the payor.

AGREEMENTS AND REPRESENTATIONS

It is hereby represented that the answers and statements on the application(s) and any Supplements required are complete, true and correctly recorded. Information not recorded on the application(s) and any Supplements will not be treated as known to the Company. A copy of the application(s) and any Supplements shall be a part of the policy, and it is agreed that the policy and copy of the application(s) and any Supplements constitute the entire contract. No changes will be made unless the owner agrees and the change is authorized in writing by an officer of the Company.

If a Conditional Life Insurance Agreement was delivered in consideration of the payment of the first premium and is in effect, its terms will apply. Otherwise the policy will take effect and coverage will begin on the issue date specified in the policy if the full first premium is paid, the Proposed Insured(s) is (are) living, and the answers and statements in the application(s) and any Supplements continue to be complete and true at the time of delivery of the policy.

Under penalties of perjury, I certify that (1) the social security or federal tax identification number shown on page 1 of this application for me as the owner of this policy is my correct taxpayer identification number, AND (2) I am a U.S. person (including a U.S. resident alien), AND (3) I am not subject to backup withholding because (a) I am exempt from backup withholding, or (b) I have not been notified by the IRS that I am subject to backup withholding as a result of failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding. NOTE: You must cross out item 3 in the above certification if you have been notified by the IRS that you are currently subject to backup withholding. The IRS does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

IMPORTANT INFORMATION ABOUT THE USA PATRIOT ACT

To help fight the funding of terrorism and money-laundering activities, the U.S. government has passed the USA PATRIOT Act, which requires financial institutions to obtain, verify and record information that identifies persons who engage in certain transactions with or through a financial institution, including insurance companies. This means that the Company will need to verify the name, residential or street address (no P.O. Boxes), date of birth and social security number, drivers license and/or other identification information of all policy owners as may be required by law.

Form 14530 2/07

AUTHORIZATION AND ACKNOWLEDGMENT

This authorization complies with the HIPAA Privacy Rule. I understand that if I refuse to sign this authorization, the Company may not be able to process my application for life insurance. I acknowledge that I have the right to request and receive a copy of this authorization.

Personal Health Information

I authorize any physician, health care professional, hospital, clinic, laboratory, pharmacy, medical facility, health care provider, health plan, insurer, and/or any other entity subject to the Health Insurance Portability and Accountability Act of 1996 (HIPAA) that has provided treatment, service, payment, or coverage to me within the past 10 years to disclose my entire medical record and any other protected health information concerning me to the Company, its agents, employees, representatives, insurance support organizations, and reinsurers ("the Company"). Protected health information includes but is not limited to: hospital records, treatment records/office notes, consultation reports, workers' compensation information, diagnosis, prescriptions, and test results. It also includes information concerning the diagnosis or treatment of Human Immunodeficiency Virus (HIV) infection and sexually transmitted diseases, and information on the diagnosis and treatment of mental illness and the use of alcohol, drugs, and tobacco, but excludes psychotherapy notes. By my signature, I acknowledge that any agreements I have made to restrict my protected health information do not apply to this authorization and I instruct any physician, health care professional, hospital, clinic, laboratory, pharmacy, medical facility, health care provider, health plan, insurer, and/or other entity subject to HIPAA to release and disclose such information without restriction.

I understand that, unless prohibited by state and/or federal law, the protected health information is to be disclosed under this authorization so that the Company may: 1) underwrite my application for coverage, make eligibility, risk rating, policy issuance and enrollment determinations; 2) obtain reinsurance; 3) administer claims and determine or fulfill responsibility for coverage and provision of benefits; 4) administer coverage; and 5) conduct other legally permissible activities that relate to any coverage I have, have applied for, or may in the future apply for with the Company. I understand any information disclosed under this authorization may no longer be covered by federal rules governing privacy and confidentiality of health information and may be subject to re-disclosure.

Personal Private Information

I understand that an investigative consumer report may be prepared in connection with this application. I authorize any consumer reporting organization or employer having non-medical information about me to release such information to the Company, its reinsurers, or its authorized representatives. I authorize the Company to prepare an investigative consumer report. I understand that I may request to be personally interviewed if an investigative consumer report is prepared in connection with this application and not to have personal information disclosed for marketing purposes. Any information obtained will not be released by the Company, its reinsurers, or representatives to any person or organization except to reinsuring companies, the Medical Information Bureau, or other persons or organizations performing business or legal services in connection with my application, claim, as may be permitted or required by law, or as I may further authorize.

Limitations, Revocation and Rights

This authorization shall remain in force for 24 months following the date of my signature below, and a copy of this authorization is as valid as the original. I understand that I have the right to revoke this authorization at any time. The request for revocation must be in writing and sent to the attention of the Underwriting Department of the Company. I understand that a revocation is not effective to the extent that the Company has already relied on this authorization or to the extent that the Company has a legal right to contest a claim under an insurance policy or to contest the policy itself. Such revocation shall not apply to any use or disclosure of my protected health information specifically allowed without authorization by HIPAA and no action relating to this authorization shall be construed as creating any restriction on the uses that HIPAA allows without my authorization.

SIGNATURES

I have reviewed and understand the information contained above in the "Taxpayer Identification", "Agreements and Representations", including reviewing the answers and statements on the application(s) and any Supplements for accuracy, "Important Information About the USA Patriot Act", and "Authorization and Acknowledgment" sections, and further acknowledge receipt of the Disclosure Notice to Proposed Insured.

I understand, acknowledge and agree that the Agent has no authority to make any promise, representation or waiver regarding coverage or the terms of the policy. I also understand, acknowledge and agree that the Agent has no authority to provide any legal or tax advice on behalf of the Company. If any such legal or tax advice has been given, I understand, acknowledge and agree it has been done without Company authority and has not been given on behalf of the Company. I understand, acknowledge and agree that I am responsible for obtaining independent legal or tax advice with respect to any such matters. I understand, acknowledge and agree that all premium payments after the first are to be provided directly to the Company and that the Agent has no authority to receive, transmit, sign, endorse, deposit or process any subsequent payments made on the policy.

Signed / Dated at		Χ	
	City, State		Signature of Owner/Proposed Insured (or signature of Insured's Personal Representative*)
On		Х	
	Date		Signature of Owner if other than Proposed Insured
X			
Signatu	re of Licensed Agent		
Parent/Guard	dian or Witness (if required)	If (Owner is a corporation, business firm or trust, give full name and an Authorized person must sign and provide title
*If you are the Proposed Insur	red's Personal Representative, describ	e the scope and	/or basis of your authority to act on the Proposed Insured's behalf:



Arkansas Certification Regulation 19

I certify that this submission meets the provisions of Regulation 19, Section 10B, as well as all applicable statutes, regulations, and bulletins of the State of Arkansas.

Aviva Life and Annuity Company

Chris Guttin, ASA

Vice-President-Product Operations

2/15/2011_

Date

Form Numbers

Form 2EFE11 – Flexible Premium Adjustable Life Insurance With Indexed Feature Form 2NLEFE11 – No Lapse Guarantee Rider

Arkansas Certification Regulation 34

I certify that this submission meets the provisions of Arkansas Rule and Regulation 34.

Aviva Life and Annuity Company
Chin Sether
Chris Guttin, ASA
Vice-President-Product Operations
2/15/2011
Date

Form Numbers

Form 2EFE11 – Flexible Premium Adjustable Life Insurance With Indexed Feature Form 2NLEFE11 – No Lapse Guarantee Rider

Regulation 34

Arkansas Certification Regulation 49

We have reviewed Regulation 49 against the issue procedures of the Company and certify that we are in compliance with the requirements of Regulation 49.

Aviva Life and Annuity Company

Chris Guttin, ASA

Vice-President-Product Operations

<u>2/15/2011___</u>

Date

Form Numbers

Form 2EFE11 – Flexible Premium Adjustable Life Insurance With Indexed Feature Form 2NLEFE11 – No Lapse Guarantee Rider

List of Approved Forms Affected By NLG Monthly Rider Charges Provision State of Arkansas

Form Name	Form Number	Approval Date	SERFF Tracking Number	State Tracking Number
Waiver of Specified Premium Rider	21043F02	4/29/02	N/A	N/A
Guaranteed Purchase Option Rider	21011F02	5/1/02	N/A	N/A
Wellness Benefits and Rewards Rider	2WFLAJ07-2	7/24/08	NDPL-125731602	39670
Children's Insurance Rider	2CIBUA09	8/28/08	NDPL-125760216	40082
Term Life Insurance Rider	21052F02	5/1/02	N/A	N/A

Guaranteed Cost of Insurance Charges

Form 2EFE11

			Male			Female				
Attained	N	lon-Tobacco		Toba	ассо	Non-Tobacco			Toba	ICCO
Age	Premier	Preferred	Standard	Preferred	Standard	Premier	Preferred	Standard	Preferred	Standard
0	0.00000	0.00000	0.97051	0.00000	0.97051	0.00000	0.00000	0.48012	0.00000	0.48012
1	0.00000	0.00000	0.56017	0.00000	0.56017	0.00000	0.00000	0.35007	0.00000	0.35007
2	0.00000	0.00000	0.39008	0.00000	0.39008	0.00000	0.00000	0.26004	0.00000	0.26004
3	0.00000	0.00000	0.27004	0.00000	0.27004	0.00000	0.00000	0.20002	0.00000	0.20002
4	0.00000	0.00000	0.21002	0.00000	0.21002	0.00000	0.00000	0.19002	0.00000	0.19002
5	0.00000	0.00000	0.21002	0.00000	0.21002	0.00000	0.00000	0.18002	0.00000	0.18002
6	0.00000	0.00000	0.22003	0.00000	0.22003	0.00000	0.00000	0.18002	0.00000	0.18002
7	0.00000	0.00000	0.22003	0.00000	0.22003	0.00000	0.00000	0.21002	0.00000	0.21002
8	0.00000	0.00000	0.22003	0.00000	0.22003	0.00000	0.00000	0.21002	0.00000	0.21002
9	0.00000	0.00000	0.23003	0.00000	0.23003	0.00000	0.00000	0.21002	0.00000	0.21002
10	0.00000	0.00000	0.23003	0.00000	0.23003	0.00000	0.00000	0.22003	0.00000	0.22003
11	0.00000	0.00000	0.27004	0.00000	0.27004	0.00000	0.00000	0.23003	0.00000	0.23003
12	0.00000	0.00000	0.33006	0.00000	0.33006	0.00000	0.00000	0.27004	0.00000	0.27004
13	0.00000	0.00000	0.39008	0.00000	0.39008	0.00000	0.00000	0.30005	0.00000	0.30005
14	0.00000	0.00000	0.47012	0.00000	0.47012	0.00000	0.00000	0.33006	0.00000	0.33006
15	0.00000	0.00000	0.61020	0.00000	0.61020	0.00000	0.00000	0.35007	0.00000	0.35007
16	0.00000	0.00000	0.74030	0.00000	0.79034	0.00000	0.00000	0.39008	0.00000	0.41009
17	0.00000	0.00000	0.85039	0.00000	0.97051	0.00000	0.00000	0.41009	0.00000	0.46011
18	0.92046	0.92046	0.92046	1.11067	1.11067	0.42010	0.42010	0.42010	0.50014	0.50014
19	0.94048	0.94048	0.94048	1.21079	1.21079	0.45011	0.45011	0.45011	0.54016	0.54016
20	0.95049	0.95049	0.95049	1.27087	1.27087	0.45011	0.45011	0.45011	0.58018	0.58018
21	0.95049	0.95049	0.95049	1.33096	1.33096	0.46011	0.46011	0.46011	0.61020	0.61020
22	0.95049	0.95049	0.95049	1.40106	1.40106	0.48012	0.48012	0.48012	0.65023	0.65023
23	0.96050	0.96050	0.96050	1.46116	1.46116	0.48012	0.48012	0.48012	0.67024	0.67024
24	0.97051	0.97051	0.97051	1.54129	1.54129	0.50014	0.50014	0.50014	0.72028	0.72028
25	0.98052	0.98052	0.98052	1.63144	1.63144	0.50014	0.50014	0.50014	0.77032	0.77032
26	1.02056	1.02056	1.02056	1.71159	1.71159	0.53015	0.53015	0.53015	0.81036	0.81036
27	1.07062	1.07062	1.07062	1.81178	1.81178	0.57018	0.57018	0.57018	0.87041	0.87041
28	1.05060	1.05060	1.05060	1.82180	1.82180	0.58018	0.58018	0.58018	0.92046	0.92046
29	1.03058	1.03058	1.03058	1.81178	1.81178	0.62021	0.62021	0.62021	0.99053	0.99053
30	1.02056	1.02056	1.02056	1.80176	1.80176	0.64022	0.64022	0.64022	1.03058	1.03058
31	1.01055	1.01055	1.01055	1.80176	1.80176	0.68025	0.68025	0.68025	1.12068	1.12068
32	1.01055	1.01055	1.01055	1.82180	1.82180	0.72028	0.72028	0.72028	1.19077	1.19077
33	1.04059	1.04059	1.04059	1.87190	1.87190	0.76031	0.76031	0.76031	1.28089	1.28089
34	1.06061	1.06061	1.06061	1.94204	1.94204	0.82036	0.82036	0.82036	1.39105	1.39105
35	1.09064	1.09064	1.09064	2.00217	2.00217	0.89043	0.89043	0.89043	1.53127	1.53127
36	1.15072	1.15072	1.15072	2.11242	2.11242	0.95049	0.95049	0.95049	1.65148	1.65148
37	1.20078	1.20078	1.20078	2.23270	2.23270	1.03058	1.03058	1.03058	1.79174	1.79174
38	1.29090	1.29090	1.29090	2.40313	2.40313	1.07062	1.07062	1.07062	1.88192	1.88192
39	1.37102	1.37102	1.37102	2.57358	2.57358	1.13069	1.13069	1.13069	2.00217	2.00217
40	1.46116	1.46116	1.46116	2.77416	2.77416	1.20078	1.20078	1.20078	2.12244	2.12244
41	1.58135	1.58135	1.58135	3.03498	3.03498	1.27087	1.27087	1.27087	2.26277	2.26277
42	1.73162	1.73162	1.73162	3.33602	3.33602	1.35099	1.35099	1.35099	2.43320	2.43320
43	1.90196	1.90196	1.90196	3.69739	3.69739	1.45114	1.45114	1.45114	2.43320	2.63375
44	2.10239	2.10239	2.10239	4.12922	4.12922	1.57134	1.57134	1.57134	2.86444	2.86444
45	2.33295	2.33295	2.33295	4.58135	4.58135	1.71159	1.71159	1.71159	3.13532	3.13532
46	2.55353	2.55353	2.55353	5.00353	5.00353	1.87190	1.87190	1.87190	3.43639	3.43639
47	2.79422	2.79422	2.79422	5.47621	5.47621	2.07232	2.07232	2.07232	3.43039	3.81788
48	2.79422	2.79422	2.79422	5.73779	5.73779	2.29285	2.29285	2.29285	4.28995	4.28995
49	3.09518	3.09518	3.09518	6.03971	6.03971	2.29265	2.29265	2.29265	4.82257	4.26995
50	3.32598	3.32598	3.32598	6.47264	6.47264	2.81429	2.81429	2.81429	5.40580	5.40580
50	3.32386	3.32390	3.32390	0.47204	0.47204	2.01429	2.01429	2.01429	3.40360	J.4000U

Guaranteed Cost of Insurance Charges

Form 2EFE11

	Male					Female				
Attained	N	lon-Tobacco	1	Toba	ассо	N	lon-Tobacco		Toba	ICCO
Age	Premier	Preferred	Standard	Preferred	Standard	Premier	Preferred	Standard	Preferred	Standard
51	3.59700	3.59700	3.59700	6.98637	6.98637	3.12528	3.12528	3.12528	6.03971	6.03971
52	3.96852	3.96852	3.96852	7.69195	7.69195	3.47654	3.47654	3.47654	6.73450	6.73450
53	4.37033	4.37033	4.37033	8.48890	8.48890	3.85805	3.85805	3.85805	7.47014	7.47014
54	4.88289	4.88289	4.88289	9.48859	9.48859	4.25981	4.25981	4.25981	8.27699	8.27699
55	5.51645	5.51645	5.51645	10.62085	10.62085	4.69190	4.69190	4.69190	9.12494	9.12494
56	6.16051	6.16051	6.16051	11.77476	11.77476	5.19459	5.19459	5.19459	10.03433	10.03433
57	6.85539	6.85539	6.85539	13.00110	13.00110	5.71767	5.71767	5.71767	11.00533	11.00533
58	7.44998	7.44998	7.44998	13.96507	13.96507	6.28132	6.28132	6.28132	11.94695	11.94695
59	8.13574	8.13574	8.13574	15.08250	15.08250	6.84531	6.84531	6.84531	12.99095	12.99095
60	8.96337	8.96337	8.96337	16.43539	16.43539	7.42981	7.42981	7.42981	14.07675	14.07675
61	9.97367	9.97367	9.97367	18.11653	18.11653	8.06512	8.06512	8.06512	15.20448	15.20448
62	11.20775	11.20775	11.20775	20.14818	20.14818	8.76144	8.76144	8.76144	16.47610	16.47610
63	12.59551	12.59551	12.59551	22.40967	22.40967	9.47849	9.47849	9.47849	17.74948	17.74948
64	14.05644	14.05644	14.05644	24.72806	24.72806	10.25676	10.25676	10.25676	19.09607	19.09607
65	15.60104	15.60104	15.60104	27.02138	27.02138	11.11665	11.11665	11.11665	20.56731	20.56731
66	17.16860	17.16860	17.16860	29.23783	29.23783	12.06852	12.06852	12.06852	22.13308	22.13308
67	18.75923	18.75923	18.75923	31.39752	31.39752	13.11266	13.11266	13.11266	23.89646	23.89646
68	20.47529	20.47529	20.47529	33.67634	33.67634	14.27984	14.27984	14.27984	25.83801	25.83801
69	22.25600	22.25600	22.25600	35.93999	35.93999	15.56036	15.56036	15.56036	27.94855	27.94855
70	24.41997	24.41997	24.41997	38.68872	38.68872	16.97506	16.97506	16.97506	30.31188	30.31188
71	26.84635	26.84635	26.84635	41.70714	41.70714	18.60617	18.60617	18.60617	33.01283	33.01283
72	30.04325	30.04325	30.04325	45.82760	45.82760	20.43439	20.43439	20.43439	36.00237	36.00237
73	33.42747	33.42747	33.42747	49.98759	49.98759	22.41991	22.41991	22.41991	39.23110	39.23110
74	37.00103	37.00103	37.00103	54.20874	54.20874	24.60481	24.60481	24.60481	42.78528	42.78528
75	40.92287	40.92287	40.92287	59.14184	59.14184	27.03168	27.03168	27.03168	46.37418	46.37418
76	45.21834	45.21834	45.21834	64.42288	64.42288	29.70241	29.70241	29.70241	50.30430	50.30430
77	50.23039	50.23039	50.23039	70.56475	70.56475	32.65018	32.65018	32.65018	54.54811	54.54811
78	56.11933	56.11933	56.11933	77.71494	77.71494	35.91920	35.91920	35.91920	59.14184	59.14184
79	62.96599	62.96599	62.96599	85.91848	85.91848	39.46067	39.46067	39.46067	64.13346	64.13346
80	70.48921	70.48921	70.48921	94.75979	94.75979	43.43487	43.43487	43.43487	69.54008	69.54008
81	79.12982	79.12982	79.12982	104.76015	104.76015	48.85886	48.85886	48.85886	77.20393	77.20393
82	88.21443	88.21443	88.21443	114.95964	114.95964	55.01495	55.01495	55.01495	85.60035	85.60035
83	98.11096	98.11096	98.11096	125.77572	125.77572	61.19082	61.19082	61.19082	93.85195	93.85195
84	109.19322	109.19322	109.19322	137.68089	137.68089	68.06438	68.06438	68.06438	102.80286	102.80286
85	121.73063	121.73063	121.73063	151.88067	151.88067	75.86795	75.86795	75.86795	111.90836	111.90836
86	135.82695	135.82695	135.82695	167.67581	167.67581	83.00454	83.00454	83.00454	119.56674	119.56674
87	151.46859	151.46859	151.46859	184.96128	184.96128	93.85195	93.85195	93.85195	131.84187	131.84187
88	168.52655	168.52655	168.52655	203.47943	203.47943	105.32013	105.32013	105.32013	144.25724	144.25724
89	186.86640	186.86640	186.86640	223.03067	223.03067	117.70300	117.70300	117.70300	156.91088	156.91088
90	206.39566	206.39566	206.39566	243.39949	243.39949	129.26353	129.26353	129.26353	167.26868	167.26868
91	225.14204	225.14204	225.14204	262.15030	262.15030	135.16737	135.16737	135.16737	169.53406	169.53406
92	245.08877	245.08877	245.08877	281.67344	281.67344	146.88909	146.88909	146.88909	178.84471	178.84471
93	266.59741	266.59741	266.59741	302.28541	302.28541	164.55505	164.55505	164.55505	194.04530	194.04530
94	289.86166	289.86166	289.86166			187.34329	187.34329	187.34329	213.80158	213.80158
95	314.93046	314.93046	314.93046	348.94753	348.94753	216.25803	216.25803	216.25803	244.49068	244.49068
96	338.46730	338.46730	338.46730	371.39015	371.39015	244.56867	244.56867	244.56867	273.44835	273.44835
97	364.22388	364.22388	364.22388	395.63937	395.63937	274.62857	274.62857	274.62857	303.46071	303.46071
98	392.50397	392.50397	392.50397	421.93077		279.87693	279.87693			304.92842
99	423.64046	423.64046	423.64046	450.51490	450.51490	297.65377	297.65377	297.65377	319.95729	319.95729
100	458.10143	458.10143	458.10143	481.66160	481.66160	326.58332	326.58332			346.36728
101	486.36004				505.93420		358.42979			375.41144
				223.00.20	223.00 .20	22320.0	22320.0	22320.0	2. 3	

Guaranteed Cost of Insurance Charges

Form 2EFE11

	Male						Female			
Attained	N	lon-Tobacco)	Toba	ассо	Non-Tobacco		Tobacco		
Age	Premier	Preferred	Standard	Preferred	Standard	Premier	Preferred	Standard	Preferred	Standard
102	517.41222	517.41222	517.41222	532.20533	532.20533	395.25831	395.25831	395.25831	408.43957	408.43957
103	551.59552	551.59552	551.59552	560.58740	560.58740	437.07884	437.07884	437.07884	445.18526	445.18526
104	589.34346	589.34346	589.34346	591.37847	591.37847	485.33813	485.33813	485.33813	486.69532	486.69532
105	630.58614	630.58614	630.58614	632.57312	632.57312	540.39681	540.39681	540.39681	541.74518	541.74518
106	676.44805	676.44805	676.44805	678.38790	678.38790	600.29688	600.29688	600.29688	601.61814	601.61814
107	727.68596	727.68596	727.68596	729.60110	729.60110	665.75654	665.75654	665.75654	667.06890	667.06890
108	785.25840	785.25840	785.25840	787.10665	787.10665	736.36628	736.36628	736.36628	737.66848	737.66848
109	850.34877	850.34877	850.34877	852.17687	852.17687	815.74877	815.74877	815.74877	817.04286	817.04286
110	924.48018	924.48018	924.48018	926.26631	926.26631	904.14147	904.14147	904.14147	905.42786	905.42786
111	1000.00000	1000.00000	1000.00000	1000.00000	1000.00000	997.22037	997.22037	997.22037	998.51976	998.51976
112	1000.00000	1000.00000	1000.00000	1000.00000	1000.00000	1000.00000	1000.00000	1000.00000	1000.00000	1000.00000
113	1000.00000	1000.00000	1000.00000	1000.00000	1000.00000	1000.00000	1000.00000	1000.00000	1000.00000	1000.00000
114	1000.00000	1000.00000	1000.00000	1000.00000	1000.00000	1000.00000	1000.00000	1000.00000	1000.00000	1000.00000
115	1000.00000	1000.00000	1000.00000	1000.00000	1000.00000	1000.00000	1000.00000	1000.00000	1000.00000	1000.00000
116	1000.00000	1000.00000	1000.00000	1000.00000	1000.00000	1000.00000	1000.00000	1000.00000	1000.00000	1000.00000
117	1000.00000	1000.00000	1000.00000	1000.00000	1000.00000	1000.00000	1000.00000	1000.00000	1000.00000	1000.00000
118	1000.00000	1000.00000	1000.00000	1000.00000	1000.00000	1000.00000	1000.00000	1000.00000	1000.00000	1000.00000
119	1000.00000	1000.00000	1000.00000	1000.00000	1000.00000	1000.00000	1000.00000	1000.00000	1000.00000	1000.00000
120	1000.00000	1000.00000	1000.00000	1000.00000	1000.00000	1000.00000	1000.00000	1000.00000	1000.00000	1000.00000

Explanation of Variable Material Flexible Premium Adjustable Life Insurance with Indexed Feature Form 2EFE11

Explanation of Variable Material: All material that we consider variable is shown contained in brackets in the policy. Variable information is information that is unique to the specific Policy or Rider issued and information that can be changed for all new issues of the Policy without re-filing. Most of the variable material found on the policy cover and the data pages is personal information (John Doe information) relative to the particular policy. This document summarizes the other variable material and explains the timing, frequency, and basis for all potential variations.

DATA PAGE FIELD	EXPLANATION	RANGE
Company Home Office Address, Administrative Office Address and Phone Number	These items are marked as variable to enable us to update the policy without refiling should any of these items change in the normal course of business.	N/A
Death Benefit Compliance Test	The death benefit compliance test the policy is issued under and is chosen by the Owner at issue. The election cannot be changed after issue. Will be shown as either "Guideline Premium Test" or "Cash Value Accumulation Test" on the policy data page.	N/A
Death Benefit Option	This will be shown as either "Option 1" or "Option 2" on the policy data page.	N/A
Minimum Monthly Premium	During the Minimum Premium Period, if this contractually stated premium times the number of policy months from the Policy Date to date is less than or equal to the sum of the premiums paid to date, less any withdrawals and policy loans, then the Insurer guarantees that the policy will not end under the grace and lapse provisions. This premium is not changed by the Insurer once the policy is issued unless the policy owner initiates an adjustment to the policy, at which point the premium can be changed. Any change to the premium resulting from an owner-initiated adjustment will be communicated with the adjustment and cannot be changed again by the insurer unless the policy owner initiates another change. Future policies may have a larger or smaller premium that differs from in force policies.	\$5.00 to unlimited, due to unlimited face amount limits
Minimum Premium Period	The period of time during which the Minimum Monthly Premium must be paid to satisfy the minimum premium test. The minimum premium period will not change on an in force policy. It may differ between new and in force policies.	2 years to 30 years.
Non-transferable paragraphs	This section will only print for cases issued on a qualified basis.	N/A
Benefit	Optional benefit riders may be added to the policy. Such riders may be listed here.	N/A
Fixed-Term Segment Length	Period of time during which amounts transferred will remain in a given Fixed-Term Segment. Currently, 1 year is being applied as the length of each such segment created under the 1 Year Fixed-Term Strategy and 5 years is being applied as the length of each such segment under the 5 Year Fixed-Term Strategy. This period is guaranteed once assigned to a given segment. Future Fixed-Term Segments or future policies may have longer or shorter periods relative to existing segments on in force policies.	1 to 20 years

Indexed Segment Term	Period of time during which amounts transferred will remain in a given Indexed Segment. Currently, 60 months is being applied as the length	1 to 20 years
	of each such segment created under all Indexed Strategies except that 72 months is being applied as the length of each such segment created under the 2 Year Point to Point Indexed Strategy. This period is guaranteed once assigned to a given segment. Future Indexed Segments or future policies may have longer or shorter periods relative to existing segments on in force policies.	
Minimum Participation Rate	This is the lowest Participation Rate that the Insurer may ever apply to any Index Segment and is guaranteed for as long as the policy remains in force. This rate is not changed by the Insurer once the policy is issued. Future policies may have a higher or lower Minimum Participation Rate that differs from in force policies.	0% to the Par Rate
Minimum Cap Rate	This is the lowest Cap Rate that the Insurer may ever apply to the applicable Index Segment and is guaranteed for as long as the policy remains in force. This rate is not changed by the Insurer once the policy is issued. Future policies may have a higher or lower Minimum Cap Rate relative to existing segments on in force policies.	0% to the Cap Rate.
Maximum Strategy Expense Charge Rate	This is the maximum Strategy Expense Charge Rate that the Insurer may ever deduct from the strategy value in the calculation of the Interest Credits for an Indexed Segment on an Interest Crediting Date. This rate is not changed by the Insurer once the policy is issued. Future policies may have a higher or lower Maximum Strategy Expense Charge Rate relative to existing segments on in force policies.	0% to 8%
Index Disclosures	The appropriate strategy disclosure will be listed or deleted based on if the strategy is relevant to the policy.	N/A
Maximum Variable Loan Rate	The maximum loan interest rate that may be applied under the Variable Loan Interest Option. This interest rate is payable in advance. It may differ between new and in force policies.	3% to 15%
Maximum Annually Declared Loan Rate	The maximum loan interest rate that may be applied under the Annually Declared Loan Interest Option. This interest rate is payable in advance. It is the same rate for new and in force policies and will not change.	The Minimum Annually Declared Loan Rate to 10%.
Minimum Annually Declared Loan Rate	The minimum loan interest rate that may be applied under the Annually Declared Loan Interest Option after the 10 th policy year on any new policy loan that does not exceed the maximum of 10% of the net cash value or the net cash value plus withdrawals less premiums. This interest rate is payable in advance. It will not change on an in force policy. It may differ between new and in force policies.	The Guaranteed Interest Rate to the Maximum Annually Declared Loan Rate
Minimum Face Amount	The smallest possible Face Amount allowed following a requested decrease or a withdrawal. It will not change on an in force policy. It may differ between new and in force policies.	\$10,000 to \$250,000
Interest Factor	Discount factor applied to the death benefit in the monthly cost of insurance calculation. It is equal to one month's interest at the Guaranteed Interest Rate plus 1. It will not change on an in force policy. It may differ between new and in force policies.	N/A
Maximum Monthly Policy Charge	The maximum value for that portion of the monthly deduction associated with per policy expense loading. It will not change on an in force policy. It may differ between new and in force policies.	\$0.00 to \$50.00

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Minimum Net	The portion of the paid premiums that is added to the Basic Interest	80% to
Premium	Strategy when received.	100%
Maximum Monthly	The maximum rate per \$1,000 of face amount for that portion of the	\$0.00 to
per \$1000 of Face	monthly deduction associated with face amount expense loading. It	\$85.00
Amount Rate	may differ between new and in force policies.	
Penalty Free	The percent of account value that can be withdrawn without incurring a	0.00% to
Withdrawal	surrender charge each policy year. This percentage will be set at	25.00%
Percentage	policy issue and will not change on an in force policy.	
Table of	The source of the surrender charges which, when subtracted from the	\$0.00 to
Surrender	Account Value, produce the cash value of the policy. They will not	unlimited,
Charges	decrease with respect to face amount decreases on an in force policy.	due to
	They will increase with respect to face amount increases on an in	unlimited
	force policy. They may differ between new and in force policies, but	face amount
	will never be greater than the surrender charges permitted under the	limits
	standard non-forfeiture law.	
Table of Monthly	The highest guaranteed rates that the Insurer will apply to calculate	0.00 to
Guaranteed	the monthly cost of insurance. These rates are based on the 2001	83.33333
Maximum Cost of	CSO Male and Female, Nonsmoker and Smoker Tables. They will not	
Insurance Rates	differ between new and in force policies of the same issue ages,	
	genders and underwriting classes.	
Table of Minimum	The minimum death benefit percentages required under either the	100.00% to
Death Benefits	guideline premium test or the cash value accumulation test. The	2500.00%
	appropriate factors will print depending on which death benefit	
	compliance test is chosen. If the guideline premium test is chosen, the	
	percentages will be set as determined by the IRS. They will not	
	change on an in force policy. They may differ between new and in	
	force policies. New policies will receive factors compliant with IRS	
	published factors at the time of issue. If the cash value accumulation	
	test is chosen, the percentages will vary by male/female, smoker/non-	
	smoker and substandard rating. They will not differ between new and	
	in force policies of the same issue age, sex and underwriting class.	
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The following fields appear on page 3F NLG. These pages will only be included in the policy if the No Lapse Guarantee Rider (NLG) is used with the policy (Form 2EFE11).

NLG Exchange Period	The length of time that the NLG Exchange Period is available. It will not change on an in force contract. It may differ between new and in force contracts. The NLG Exchange Period may vary based on changes in the cost of providing additional months for the exchange. If the long term expected cost of an additional month provided by the NLG Exchange Period increases, then the number of months in NLG Exchange Period would decrease.	0 to 12 months
Monthly Rider Charge per \$1,000	The cost of insurance rate used in the calculation of the Rider Cost which is included in the monthly deduction from the policy Account Value and is not payable after this Rider has terminated. The Monthly Rider Charge per \$1,000 will not change on an in force contract. It may differ between new and in force contracts. The Monthly Rider Charge per \$1,000 may vary based on changes in any pricing factor for no lapse guarantee coverage that impacts anticipated NLG profitability for new sales. If the long term expected cost to providing NLG coverage increases, the Monthly Rider Charge per \$1,000 would increase.	0.10 to 60.00

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NLG Interest Rate	The interest rate used solely in the calculation of the NLG Value within the NLG Rider if the owner has elected Death Benefit Option 1. The NLG Interest	2.00% to
for Death Benefit Option 1	Rate is an annual effective interest rate with the monthly rate credited each	25.00%
Орион і	month within the NLG Value calculation. It will not change on an in force	
	contract. It may differ between new and in force contracts. The NLG Interest	
	Rate may vary based on changes in any pricing factor for no lapse guarantee	
	coverage that impacts anticipated NLG profitability for new sales. If the long	
	term expected cost to providing NLG coverage increases, the NLG Interest Rate would decrease.	
NLG Interest Rate	The interest rate used solely in the calculation of the NLG Value within the	2.00% to
for Death Benefit	NLG Rider if the owner has elected Death Benefit Option 2. The NLG Interest	25.00%
Option 2	Rate is an annual effective interest rate with the monthly rate credited each	
	month within the NLG Value calculation. It will not change on an in force contract. It may differ between new and in force contracts. The NLG Interest	
	Rate may vary based on changes in any pricing factor for no lapse guarantee	
	coverage that impacts anticipated NLG profitability for new sales. If the long	
	term expected cost to providing NLG coverage increases, the NLG Interest	
NI O Mandala	Rate would decrease.	0.004- 05.00
NLG Monthly	The rate that the Insurer will use in calculating the NLG Monthly Expense Charge. The rate differs by issue age and underwriting class. It will not	0.00 to 85.00
Expense Charge Rate per \$1,000	change on an in force contract. It may differ between new and in force	
ivare her \$1,000	contracts. Higher NLG Monthly Expense Charge Rates per \$1,000 are used	
	with older insureds and tobacco risk classes as the cost of providing coverage	
NLG Monthly	increases for each of these factors. The range of years used within the NLG Monthly Expense Charge Rate per	N/A
Expense Charge	\$1,000 may vary. The ranges will not change on an in force contract. The	IN/A
Rate per \$1,000	ranges may differ between new and in force contracts.	
(Year Ranges)		
NLG Face Amount	A multiplier used within the calculation of the NLG Value within the NLG	0.01 to 2.00
Multiplier	Rider. The multiplier is applied to the face amount to vary NLG Premiums	
	required to satisfy the NLG Value Test by face amount. The multiplier will vary	
	by face amount, gender, risk class and issue age. The multiplier will not change on a given contract unless the policyholder changes the face amount	
	of the policy. The multiplier may differ between new and in force contracts.	
	Higher NLG Face Amount Multiplier causes a higher premium to satisfy the	
NII 0 = 1	NLG Value test.	
NLG Face Amount	The dollar figures used within the ranges may vary. In addition, the number of ranges may also vary. The ranges will not change on an in force contract.	N/A
Multiplier (Dollar	The ranges may differ between new and in force contracts.	
Ranges) NLG Monthly Cost	The rates that the Insurer will apply solely to calculate the NLG monthly cost of	0.00 to
of Insurance Rate	insurance within the NLG Rider. They differ by issue age and underwriting	83.33333
J. IIIOMI MIIOO I MAIO	class. They will not change on an in force contract. They may differ between	
	new and in force contracts. Higher NLG Monthly Cost of Insurance Rates are	
	used with older insureds and tobacco risk classes as the cost of providing coverage increases for each of these factors.	
NLG Tier 1	The highest premium amounts that are assessed the Tier 1 Factor within the	0.00 to
Maximum	NLG Premium Reduction provision of the NLG Rider. They differ by issue	unlimited due
Premium	age, underwriting class and policy size. They will not change on an in force	to unlimited
	contract. They may differ between new and in force contracts. Higher NLG	face amounts
	Tier 1 Maximum Premiums are used with higher face amounts, older insureds and tobacco risk classes as the cost of providing coverage increases for each	
	of these factors.	
NLG Tier 2	The highest premium amounts that are assessed the Tier 2 Factor within the	0.00 to
Maximum	NLG Premium Reduction provision of the NLG Rider. They differ by issue	unlimited due
Premium	age, underwriting class and policy size. They will not change on an in force	to unlimited face amounts
	contract. They may differ between new and in force contracts. Higher NLG Tier 2 Maximum Premiums are used with higher face amounts, older insureds	iace amounts
	and tobacco risk classes as the cost of providing coverage increases for each	
	of these factors.	

NLG Tier 3 Maximum Premium	The highest premium amounts that are assessed the Tier 3 Factor within the NLG Premium Reduction provision of the NLG Rider. They differ by issue age, underwriting class and policy size. They will not change on an in force contract. They may differ between new and in force contracts. Higher NLG Tier 3 Maximum Premiums are used with higher face amounts, older insureds and tobacco risk classes as the cost of providing coverage increases for each of these factors.	0.00 to unlimited due to unlimited face amounts
NLG Tier Reduction Factors: Tier 2 Factors	The portions of premiums received above the NLG Tier 1 Maximum Premium up to and including the NLG Tier 2 Maximum Premium that are deducted from the NLG Value described in the NLG Rider. They differ by issue age and underwriting class. They will not change on an in force contract. They may differ between new and in force contracts. The Tier 2 Factors may vary based on changes in any pricing factor for no lapse guarantee coverage that impacts anticipated NLG profitability for new sales. If the long term expected cost to providing NLG coverage increases, the Tier 2 Factors would increase.	0.00% to 100.00%
NLG Tier Reduction Factors: Tier 3 Factors	The portions of premiums received above the NLG Tier 2 Maximum Premium up to and including the NLG Tier 3 Maximum Premium that are deducted from the NLG Value described in the NLG Rider. They differ by issue age and underwriting class. They will not change on an in force contract. They may differ between new and in force contracts. The Tier 3 Factors may vary based on changes in any pricing factor for no lapse guarantee coverage that impacts anticipated NLG profitability for new sales. If the long term expected cost to providing NLG coverage increases, the Tier 3 Factors would increase.	0.00% to 100.00%
NLG Tier Reduction Factors: Tier 4 Factors	The portion of premiums received above the NLG Tier 3 Maximum Premium that are deducted from the NLG Value described in the NLG Rider. They differ by issue age and underwriting class. They will not change on an in force contract. They may differ between new and in force contracts. The Tier 4 Factors may vary based on changes in any pricing factor for no lapse guarantee coverage that impacts anticipated NLG profitability for new sales. If the long term expected cost to providing NLG coverage increases, the Tier 4 Factors would increase.	0.00% to 100.00%
Waiver of Specified Premium Rider	This wording will appear if the Waiver of Specified Premium Rider was elected by the policyowner at issue.	N/A
Waiver of Specified Premium Rider: Charge	The charge assessed solely in the calculation of the NLG Monthly Rider Charges within the NLG Rider. The charge is assessed only if the Waiver of Specified Premium Rider is active. It will not change on an in force contract. It may differ between new and in force contracts. The Waiver of Specified Premium Rider Charge may vary based on changes in any pricing factor for waiver benefits that impacts anticipated NLG profitability for new sales. If the long term expected cost to providing waiver coverage on NLG sales increases, the Waiver of Specified Premium Rider Charge would increase.	0.00 to 15.00
Children's Insurance Rider	This wording will appear if the Children's Insurance Rider was elected by the policyowner at issue.	N/A
Children's Insurance Rider: Charge	The charge assessed solely in the calculation of the NLG Monthly Rider Charges within the NLG Rider. The charge is assessed only if the Children's Insurance Rider is active. It will not change on an in force contract. It may differ between new and in force contracts. The Children's Insurance Rider Charge may vary based on changes in any pricing factor for child benefits that impacts anticipated NLG profitability for new sales. If the long term expected cost to providing coverage to children on NLG sales increases, the Children's Insurance Rider Charge would increase.	0.00 to 15.00
Guaranteed Purchase Option Rider	This wording will appear if the Guaranteed Purchase Option Rider was elected by the policyowner at issue.	N/A

Guaranteed Purchase Option Rider: Charge	The charge assessed solely in the calculation of the NLG Monthly Rider Charges within the NLG Rider. The charge is assessed only if the Guaranteed Purchase Option Rider is active. It will not change on an in force contract. It may differ between new and in force contracts. The Guaranteed Purchase Option Rider Charge may vary based on changes in any pricing factor for guaranteed purchase option benefits that impacts anticipated NLG profitability for new sales. If the long term expected cost to providing GPO coverage on NLG sales increases, the Guaranteed Purchase Option Rider Charge would increase.	0.00 to 15.00
Wellness Benefits and Rewards Rider (charged only in Policy Year 1)	This wording will appear if the Wellness Benefits and Rewards Rider was elected by the policyowner at issue.	N/A
Wellness Benefits and Rewards Rider (charged only in Policy Year 1): Charge	The charge assessed solely in the calculation of the NLG Monthly Rider Charges within the NLG Rider. The charge is assessed only if the Wellness Benefits and Rewards Rider is active. It will not change on an in force contract. It may differ between new and in force contracts. The Wellness Benefits and Rewards Rider Charge may vary based on changes in any pricing factor for wellness benefits and/ or rewards that impact anticipated NLG profitability for new sales. If the long term expected cost to providing wellness benefits and/or rewards coverage on NLG sales increases, the Wellness Benefits and Rewards Rider Charge would increase.	0.00 to 15.00
Term Life Insurance Rider	This wording will appear if the Term Life Insurance Rider was elected by the policyowner at issue.	N/A
Term Life Insurance Rider: Charge	The charge assessed solely in the calculation of the NLG Monthly Rider Charges within the NLG Rider. The charge is assessed only if the Term Life Insurance Rider is active. It will not change on an in force contract. It may differ between new and in force contracts. The Term Life Insurance Rider Charge may vary based on changes in any pricing factor for term life benefits that impacts anticipated NLG profitability for new sales. If the long term expected cost to providing term life coverage on NLG sales increases, the Term Life Insurance Rider Charge would increase.	0.00 to 83.33333